CHEMIST & DRUGGIST

The newsweekly for pharmacy

March 7, 1992

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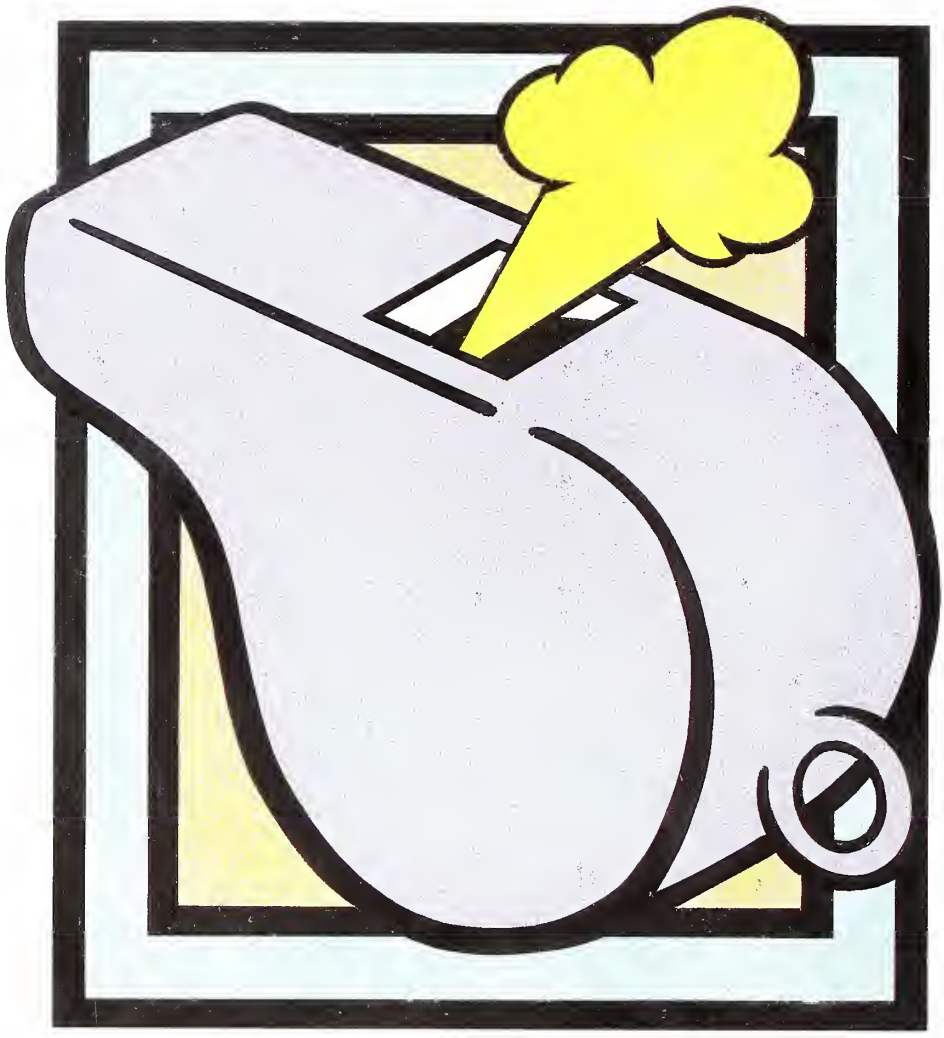

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Comment

The Report of the Joint Working Party on the Future Role of Community Pharmaceutical Services published this week represents a possible "great leap forward" for the profession. However, implementation may require a series of hops, steps and jumps. Health Minister Virginia Bottomley has welcomed the report, recognising both pharmacists' potential and their wish to develop professionally, but notes that its recommendations need to be "scrutinised for practicality and cost-effectiveness", saying the Department will consult widely on the recommendations. The profession should have expected no less, but it should not stand idly by and wait for the DoH to make the running; it must make the first moves.

The recommendations are both catholic and sensible. Some proposals are extensions of remunerated services already being provided by some pharmacists; payment for advice to nursing homes, etc should be top of the list while some community-based diagnostic services could be paid for by the NHS for the first time. Others require legislation, or alteration to Codes of Practice. The profession should press urgently for Section 66 control of the minimum standards of premises, with improvements implemented through a Code of Practice that takes in the proposed clinical audit. A profession that is pushing back professional frontiers must push forward with better control of standards. Where other professions are implicated then consultations must proceed apace. The patient benefits resulting from pharmacists having a more potent range of medicines to retail, or dispense in emergency or on GP authorised repeat prescription is obvious.

The profession has welcomed the report, and so it should. It is essentially about improving the lot of the patient by improving the scope and standards of pharmaceutical care. Established and funded by the Secretary of State for Health, representatives of the profession and the Department were commissioned to find a meaningful way forward for community pharmacy as a contributor to healthcare. They have succeeded in this. How sad then that report's authority has been compromised by the legend in large type on the back cover that it has been "Published by the Royal Pharmaceutical Society on behalf of the DoH and the profession". "Publishing" implies editorial control of content, something the Society did not have and should not have risked suggesting either by use of that word or the *Pharmaceutical Journal's* typeface and design. In effect the document was only "printed" by the Pharmaceutical Press. We hope that decision makers in Parliament and healthcare are not misled about the report's *bona fides* as a result.

Working Party proposes 30 ways forward

Pharmacy referral forms, minimum standards for premises and domiciliary visits are among the recommendations contained in the long awaited report of the Joint Working Party on the Future Role of the Community Pharmaceutical Services.

The report's 30 proposals include repeat dispensing, more POM to P switches, clinical audit, more instalment dispensing, compliance aids on the NHS, and pharmacist reporting of adverse drug reactions.

Despite support from some areas of the profession, the report stops short of recommending generic substitution by the pharmacist; a fourth category of medicines supplied by the pharmacist but not advertised to the public; pharmacists initiating treatment under the NHS; and patients registering with specific pharmacies.

Pharmacists who hoped for an indication of future trends in remuneration within the community pharmacy will be disappointed — the Working Party did not see its terms of reference extending to this subject.

However, it did recognise that the implementation of the recommendations are likely to require a change in the current remuneration system, "including perhaps some additional funding".

The report also had little to say about dispensing doctors. "On the evidence submitted to us we are not convinced of any need to extend dispensing by doctors in England and Wales," it states.

Looking to the future of the profession, the Working Party envisages that clinical pharmacy is as relevant for community as for hospital pharmacists.

However, there is also an opportunity for a distinctive relationship between pharmacist and patient in the community — that of "pharmaceutical care". This would be based on continuity of care, a knowledge of the full pharmacological history and the social context within which the patient is treated.

"The concept requires the pharmacist to accept responsibility not simply for the provision or monitoring of medicines, but in partnership with others, for the overall effects of the therapeutic process," says the report.

The report also places great emphasis on the fact that community pharmacists cannot work in isolation and that better relations with GPs and nursing staff are necessary.

The report stresses that while it identifies a range of additional services for pharmacists, they will not be appropriate for all. "We would envisage that some services will only be needed at one or two pharmacies in an area and others will be dependent on the interest, skills and enthusiasm of the individual pharmacist."

If so, then the terms of service need to be relaxed to allow pharmacists to advertise their range of services, says the report.

FHSAs are charged with the task of ensuring that patients have ready access to the full range of services and that overall the range and balance of services is appropriate to the needs of the area.

The Government plans to consult widely on the report before implementing any of the recommendations.

The recommendations: a synopsis

A summary of the report's proposals are given below:

1. The necessary changes to the NHS (General Medical and Pharmaceutical Services) Regulations to permit repeat dispensing should be introduced following consultation with the relevant professional organisations on detailed arrangments.

Benefits from repeat dispensing by the pharmacist — issuing three one-month supplies instead of one three-monthly supply — included convenience, avoiding GPs prescribing large quantities, and ensuring patient contact with a health professional.

Concern that this would weaken the prescriber's clinical control over the patient was balanced by oral evidence from the British Medical Association saying they would find repeat dispensing of certain forms of medication acceptable if authorised by the doctor.

Repeat dispensing would normally take place in the context of locally agreed protocols, says the report. The idea of triplicate prescriptions was rejected in favour of allowing the prescriber greater flexibility over the frequency and duration of the repeats.

2. Regulations should be amended to remove the restriction that prescriptions may be conveyed by telephone only in cases of urgency and by reason of emergency.

The pharmaceutical and medical professions should jointly discuss how to improve communication of prescriptions by, for example, altering the restrictions in giving prescriptions to the pharmacist by phone, and developing pilot projects on fax and electronic transmission of prescriptions.

3. Pharmacy referral forms should be adopted and a research project established to assess their impact.

A multi-purpose referral form would be used when a pharmacist needed to refer a patient for further medical investigation, diagnosis and treatment. These forms would be taken by the patient to the surgery.

Advantages would include enhanced patient confidence in pharmacists as a "filter mechanism" for common ailments; patients would be more likely to consult their GP, and there would be opportunities to improve co-operation between pharmacists and GPs.

4. The scope for introducing pharmaceutical consultations in Britain should be pursued.

The report details a scheme run by the Kaiser Permanente health maintenance organisation in California which offers selected patients a pharmaceutical consultation.

This provides an opportunity to review drug utilisation and check on patients' understanding and compliance as well as to educate them on their conditions and medication. Patients are selected on the basis of their drug regimen and invited via their doctors.

In Quebec the provincial government has revised the remuneration structure to provide payments for professional advice, separate from the dispensing fee.

5. Each FHSA should employ a pharmaceutical adviser.

Although the majority of FHSAs have access to an adviser, the Working Party was concerned that many of these have little or no experience in community pharmacy.

6. The range of medicines available for sale by pharmacists should be increased.

Substantial evidence was received saying that pharmacists could make a better contribution to the treatment of minor ailments if they had more effective medicines at their disposal.

The move would enhance confidence in the ability of the pharmacist and reduce the demands made on GPs. It would also produce direct savings to the NHS drugs bill.

The Proprietary Association of Great Britain, among others, submitted that the current proces

Enthusiastic welcome to future role report

"A great potential step forward for British pharmacy" was the National Pharmaceutical Association's immediate reaction to the Working Party's report. And it was a view shared by Government and pharmacy alike.

"The Government accepts the Working Party's overall conclusion that the time is right for pharmacists to take on a more active role in the development of health services in the community," said Minister for Health, Virginia Bottomley.

"However this report is only the start of the process. It makes a number of recommendations that will need to be properly costed and scrutinised for practicality and cost effectiveness. The Department will consult widely on the recommendations."

Welcoming the report, Mrs Bottomley said that the role of the pharmacist was changing. Medicines were more powerful, complex and effective, while people were taking a greater interest in their own health.

"With their accessibility to the public and expertise in medicines, community pharmacists are well placed to respond to these changes and to play an increasingly important part in strengthening our unique system of primary and community health care," she said.

Mrs Bottomley's enthusiasm was echoed by president of the Royal Pharmaceutical Society, David Coleman. "The last decade has seen a number of prescriptions written for the future of the pharmaceutical profession and the development of the care pharmacists provide," he said.

"This report delivers the right medicine for pharmacy, the NHS and the health of the nation.

"We hope that the Secretary of State will now seek to impress upon the Treasury the importance of properly funding those proposals that need Government support," Mr Coleman continued. "Making more of the pharmacist as a health resource makes sense for all concerned."

The question of remuneration for the additional services was raised by PSNC, who also welcomed the greater use of the expertise of the pharmacist.

"Inevitably the increase in services which PSNC hopes will spring from the implementation of recommendations in the report will result in increased costs to pharmacists providing them," said the Committee.

"PSNC will therefore be looking to the Department of Health for sufficient funding to translate the aspirations of the Working Party into improved patient care."

NPA director, Tim Astill, who served on the Working Party, said there was almost total unanimity between the pharmacists representing the profession and the civil servants.

"I hope Ministers find the recommendations acceptable and that the Treasury will be forthcoming with sufficient funds to implement them properly," he added. "Patients and pharmacists and the NHS generally will benefit."

Mary Allen, head of information at the NPA, said it was "very gratifying" to see such close correlation between the report's recommendations and the evidence submitted to the Working Party by the NPA.

Another Working Party member, Dr Brian Veitch, chief pharmaceutical adviser, Welsh Office, thought the report would lead to a good negotiating position between the Government and the profession.

For him, the key areas were the extension of the pharmacist's role in health promotion and in encouraging cost-effective prescribing, plus acknowledgement of the need for further education and training to support that extended role.

Top: Health Minister Virginia Bottomley. Right: NPA director Tim Astill

by which medicines were moved from POM to P was unnecessarily cumbersome and relied too much on manufacturers taking the initiative.

7. Emergency supply of medicines by pharmacists, including prescription only medicines, should be included in the NHS.

Emergency supply relies on the professional competence of the pharmacist to determine whether supply is appropriate.

8. The introduction of arrangements enabling the pharmacist to select the medicine and dosage within agreed protocols, following medical diagnosis and assessment, should be encouraged and they should be evaluated.

"There is great scope in this country for the development of treatment protocols at local levels by agreement between all the professions concerned (although the Medicines Act would restrict the extent to which it could be done for Prescription Only Medicines) and we would welcome such initiatives," says the report.

9. Where the prescriber requests it, or where in the professional opinion of the pharmacist it is appropriate, compliance aids should be provided within the NHS.

In addition to advice and counselling pharmacists can also improve patient compliance by the monitoring of dispensed medicines and by the use of compliance aids.

The use of compliance aids and monitored dosage systems in residential homes were also supported by organisations like Age Concern.

10. All pharmacists should maintain patient medication records where they believe it will be of benefit to the patient to do so.

Although some people argued that PMRs should be extended for all patients, the report points out that for those who receive medicines only occasionally, or who do not regularly use the same pharmacy, there would be little benefit.

11. One or more pilot projects should be established to investigate the scope for therapeutic drug monitoring within the community, the training and facilities required, and the nature of the protocols within which pharmacists should work.

Although a number of sources said that pharmacists should be encouraged to develop a therapeutic drug monitoring service, there were a number of obstacles. These included the need for underlying knowledge and specific training, that TDM only applies to a limited range of medicines, and doubts whether one pharmacy would have sufficient patients to justify the service.

TDM services also imply that the pharmacist will be able to adjust the dosage of the prescribed drug to maintain appropriate blood levels. This would only work with protocols established and agreed between the pharmacist and prescriber.

12. The formal adverse drug reaction reporting system should be extended to community pharmacists.

The problem of duplication of "yellow cards" reports from both pharmacist and prescriber could be avoided if the pharmacist reported reactions to prescribed drugs to the doctor, and those for non-prescription medicines, direct to the authorities.

13. Community pharmacies should have access to adequate facilities and be encouraged to provide a routine service for the disposal of unwanted medicines.

"Proper disposal of hazardous or potentially toxic waste is both essential and increasingly expensive," says the report. "It will therefore be necessary to ensure that pharmacies are adequately compensated for this task."

14. Basic minimum standards for community pharmacy premises should be established in Regulations under Section 66 of the Medicines Act.

The Working Party took the view that community pharmacies are providing a public service and that there is a legitimate interest in ensuring that all pharmacies adhere to at least a minimum standard designed to safeguard the public.

Taking the minimum standards into the Medicines Act Regulations would enable "effective action to be taken to prevent unsatisfactory premises being registered and to take off the register premises which fail to maintain minimum standards."

15. The Health Departments should discuss urgently with the pharmaceutical profession how best to implement measures to improve standards of pharmacy premises.

The changes to the Medicines Act (see 14) would affect only extreme examples of poor premises. For a general improvement in standards a code of practice developed and administered by the RPSGB would be more suitable, says the report.

"At the same time we believe that FHSAs should be encouraged to take a greater interest in the quality of premises alongside other aspects of pharmaceutical services. This could be achieved by including minimum requirements in the Terms of Service for community pharmacists and by making the reports of the Society's inspectors available to FHSAs."

16. Arrangements should be introduced to provide domiciliary pharmaceutical services for patients who are

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Nurses to prescribe only three Pharmacy medicines

The suggested formulary covering the range of drugs which nurses will be allowed to prescribe contains only three medicines which cannot be bought over the counter.

This was emphasised by Baroness Cumberlege (Cons) who presided over the Committee on the Future of Community Nursing whose report led to the legislation authorising nurse prescribing. Opening the debate on the second reading of the Medicinal Products: Prescription by Nurses etc Bill in the Lords last week, she said the formulary would be updated every two years.

Lady Cumberlege confirmed that nurse prescriptions would be distinctive and subject to close scrutiny and budgetary control. This work would be undertaken either by an employing GP or the local district health authority or, where it existed, the local community trust employing community nurses.

Baroness Denton of Wakefield, speaking for the Government, confirmed the expectation that additional items would be prescribed by nurses, and this had been taken into account when estimating the additional cost of nurse prescribing in England at £15 million per year. Most of the extra costs — approximately £11.65m — will arise from additional items prescribed. Lady Denton said nurses could reach those, such as travelling and rootless people, not previously catered for by the family doctor service.

The Bill, already approved by the Commons, is set to reach the Statute Book before the general election. Nurse prescribing is expected to start in October 1993.

Milk and vitamin scheme but no rota extension

A pilot scheme in Humberside to distribute welfare milks and vitamins through community pharmacies is up and running while a survey of demand for Sunday rotas has found no reason to extend the service.

A joint venture between Humberside Family Health Services Authority and East Yorkshire Health Authority involves a shift in the distribution of welfare milks and vitamins from child health clinics to community pharmacies. In some rural areas, GP dispensaries are participating in the scheme.

It is hoped the scheme will provide improved access for mothers and free time for nursing staff to spend on direct patient care, says Humberside FHSA. Discussions are taking place with other health districts to see if the scheme can be extended.

Responding to an article in a local newspaper which highlighted the queues in Sunday rota pharmacies, an FHSA survey over four Sundays found no reason to extend the service.

On average people were found to wait 8.3 minutes from arriving to leaving the pharmacy, a time which the FHSA considered "very reasonable".

It was observed that pharmacies often looked busy on Sundays because people tended to wait for their prescriptions rather than call back after shopping as in the week.

Over 50 per cent of prescriptions were dated before the day in question and were clearly not emergency items, said the FHSA.

Researchers also noted that problems with legibility or other GP queries were more difficult to resolve on a Sunday.

Needles and pens on Rx

The Government is aiming to make insulin-injecting pens and needles available on prescription as soon as resources allow, according to Minister for Health Virginia Bottomley.

Responding to a question from Labour MP Gordon McMaster, Mrs Bottomley said that a number of representations had been received in favour of issuing needles for insulin-injecting pens on prescription during the current session.

● A question from Liberal Democrat MP Alex Carlile prompted the Minister to say there were no plans to make it a statutory requirement for pharmacists to inform customers when a medication is cheaper by retail sale than by prescription.

Opting out

The National Association of Health Stores has accepted the decision of Holland & Barrett not to renew their membership for 1992.

NAHS says that since the chain was taken over by Lloyds Chemists, the group chairman Allen Lloyd has consistently demanded as a condition of membership a permanent seat for Holland & Barrett on the Association council.

The sole justification for this demand, says NAHS, was the number of shops in the group in relation to the health food trade as a whole. The Association's rules do not permit such an arrangement.

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unable to use the pharmacy in person.

While listing a number of advantages of extending domiciliary pharmaceutical services, the report recognises that the supervision requirement makes it difficult for a single-handed pharmacist to develop services outside the pharmacy. Such arrangements will need to include appropriate payments, "in recognition of the additional demands on the pharmacist's time", they say.

17. A domiciliary medicine monitoring scheme should be introduced on a pilot basis.

The Working Party reports a scheme in Ottawa where pharmacists carry out regular visits, on a weekly or fortnightly basis, to selected patients. They advise on how and when to take medicines, monitor compliance and review drug utilisation.

18. Where medicines are supplied by community pharmacies to nursing homes, hospices and similar institutions, the scheme for the provision of advice to residential homes should be extended to those institutions.

19. The Department of Health should evaluate existing local initiatives with a view to establishing a suitable framework for distributing welfare foods and other medicinal and related products through community pharmacies, in liaison with DHAs, FHSAs and LPCs.

20. Prescription charge prepayment certificates should be sold from community pharmacies.

21. Pharmacists should be encouraged to set aside areas for displaying material and counselling.

22. Through FHSAs, community pharmacists should be encouraged to participate more widely in health promotion activities and campaigns.

'Pharmacists fulfil and important function in providing an accessible source of leaflets."

23. Community pharmacists should continue to contribute to health promotion by offering diagnostic and screening services within a framework of proper professional standards and safeguards; and public funding should be introduced where such tests are provided at the request of a doctor or on behalf of a health authority.

The report cites two situations where diagnostic testing could be undertaken as an NHS service: where a test is requested by a doctor; and where DHAs and FHSAs are undertaking local health promotion campaigns or surveys.

24. FHSAs and LPCs should consider urgently with their DHAs the scope for developing aseptic dispensing services in some community pharmacies in their areas; and the DoH should establish one or more pilot projects to assess the feasibility and benefits of specialised pharmaceutical units serving high dependency patients in the community.

The report discusses the options available for the delivery of specialised forms of pharmaceutical care including aseptic dispensing and "closed door pharmacies".

25. Extended instalment dispensing arrangements should be made available in England and Wales at the prescriber's request.

This recommendation would extend the arrangements, currently available for Controlled Drugs, to other preparations such as benzodiazepines. "In our view instalment dispensing can be a useful tool for prescribers and pharmacists working together to implement effective withdrawal programmes."

26. Syringe and needle exchange schemes should be established on a national basis.

Pharmacies are ideally placed for such schemes, says the report, but they should not be over-regulated.

27. FHSAs should liaise with the healthcare providers, Social Services departments and LPCs to ensure there is at least one pharmacy in each area to provide a comprehensive service of aids and equipment for disabled people.

28. Completion of appropriate additional training or some other demonstration of appropriate knowledge and skills should be required of pharmacists who undertake to provide additional services.

The report recommends an extension of the arrangements seen with PMR and residential homes packages, supplemented by some form of incentive to encourage pharmacists to take full advantage of the opportunities for further education.

29. The clinical audit process should be extended into community pharmacy and appropriate structures should be established at both local and national levels.

Although the report welcomes steps by the Society to develop a set of standards for the provision of pharmaceutical services in the community, it also calls for professional audit arrangements to be established to monitor adherence to these standards.

"We believe that every pharmacist involved in community pharmacy should participate in regular systematic audit and that it should be pharmaceutically led."

30. We recommend that all FHSAs should have access to pharmaceutical advice based on experience in community pharmacy.

N. Ireland Notebook

Measuring ability to practice

The Pharmaceutical Society in Northern Ireland is to introduce an examination for students at the end of their preregistration year. Students will be expected to perform satisfactorily in this examination in order to join the Register.

This move appears to have been prompted by a similar intention on the part of the Royal Pharmaceutical Society. The thinking is that it will assist in the standardisation of preregistration training. Students finishing university this Summer will be expected to sit the first such examination in the Summer of 1993 after having completed 45 weeks of their preregistration training.

I am not totally opposed to the idea of a preregistration examination. Indeed it has certain merits. This was the way things were, more or less, before a degree became a mandatory requirement.

"I have reservations...a written exam may not be the best approach"

The examination may also make students more diligent in their work since they can no longer regard the preregistration training period as a rubber stamp exercise. However, I have certain reservations about the content of the examination and its relevance to practical training.

What will the proposed examination measure? Will it be the academic abilities of our preregistration students or their ability to deal with customers and patients in the retail and hospital environment? My opinion is that we should be measuring the latter: the former will have to be established by the university who awarded these bright young people a degree.

A recent report suggests that a written examination is a poor measure of the competency of a professional person to practise when dealing with a client or patient. Additionally I fear that this new development may add further burdens to the already overworked preregistration tutor.

And let us not forget the cost. Will the profession have to pay? I feel strongly that the student should pay. I don't suppose the Society will concern itself much with my reservations, but I invite all those involved in implementing this examination to keep these points in mind. While I would be happy that some form of assessment is introduced, that a written examination may not be the best approach.

Learning aids: pharmacy quiz on offer?

Many months ago I congratulated Rhône-Poulenc Rorer for their innovative approach in introducing the pharmacist to their new beta blocker, Celectol, by the use of an educative audio tape, and looked forward to similar initiatives in the months ahead. Alas, none have materialised, but I was reminded of the usefulness of this medium in continuing education by an example I recently heard produced for optometrists by the British College of Optomerists.

The advantage of a tape is that it is easy to store, can be played and stopped at any convenient time without losing your place, particularly when travelling in a car, and can be presented in an entertaining format to the listener. The disadvantages are that the information becomes disjointed by being continuously stopped, it is difficult to refer back to a previous statement, and when I am driving I cannot afford the concentration necessary to gain full benefit until the tape has been played all the way through many times. As an additional tool, however, in the campaign to make pharmacists aware of continuing education, it is a neglected medium which might usefully accompany distance learning packages, or as a regular feature to support the many excellent articles currently appearing in the professional journals.

Another, and far more entertaining prospect, is a recent innovation launched in Germany called Quiz Pharm. It is a board game similar to Trivial Pursuits, but containing questions only pertinent to pharmacy (*C&D*, February 29, p317). It seems that this is a serious commercial introduction to the German market. At £35 "a throw" it is selling like hot cakes with questions covering everything from the technically difficult to the historically obtuse. An entertainment, yes, but could this also become a serious tool for continuing education?

The structure of the game would have to be changed to account for its more serious aim with the rules determined by the Royal Pharmaceutical Society, the questions set by the College of Pharmacy Practice and impartial adjudication by a secret panel of experts from the Consumers' Association. Commercial involvement should be encouraged, with prizes for the winners varying according to the level of sponsorship achieved. Prizes could range from, perhaps, a framed portrait of the Rt Hon William Waldegrave for the local runners up, to a national winners prize, offered by the innovative supporters of community pharmacy, Glaxo Pharmaceuticals, of an extra 1 per cent discount on a month's ethical purchases.

The success of the game could solve two diverse pharmaceutical problems by revitalising the moribund Royal Pharmaceutical Society branch structure with Quiz Pharm evenings and competitions throughout the country. Also, the intense competition generated within branches could act as the catalyst for the absorption of a depth of knowledge on matters pharmaceutical which formal teaching methods could never achieve.

Space for the independent message

The "health checks" area of our extended role has not been universally adopted by most community pharmacists, myself included, because the commercial return has rarely warranted the financial investment and, though the spirit is willing, the available time is mostly non-existent. The one asset that many pharmacies do possess, however, is space. So an innovation by Boots in their health check centres (*C&D* February 29, p302) might be usefully emulated by the independent sector.

By subcontracting available space to an independent specialist health company, the costs of setting up and administration are not borne by the pharmacist, and though the direct returns will be less, the generated goodwill may exceed that from a less than perfect system operated under the pressures of time.

The only problem is determining the *bona fides* of the company involved, since the quality of the service is in effect underwritten by the credibility of the pharmacy environment. Boots have obviously tackled this problem for themselves, but in the independent sector the ideal solution would be recommendations from the National Pharmaceutical Association when, with its endorsement and encouragement, many more independent pharmacists might then be able to offer this extended service.

Duplicity?

I have often complained about the unnecessary introduction of new formulations or strengths of existing ethical drugs which seem concurrently to overload my shelves, deplete my bank balance and benefit no one other than the manufacturer. Abbott Laboratories' range of erythromycin antibiotics is a classic case in point, and has been further aggravated recently by the introduction of sugar-free Erythroped suspensions. I agree that formulations without sugar are an advance and should be universally recommended but why, when that objective is achieved by a reformulation, is the old sugar syrup still retained?

I would make a similar criticism of Syntex with Naprosyn EC, when the old formulation is still prescribed, despite the coated product being an advance and at the same price as the old! The uncoated tablets should be immediately discontinued when the patient would automatically receive the improved product and my capital costs could then return to some semblance of normality.

Xrayser

Topical REFLECTIONS

Old DTP schedule better than new?

Concerns that the new accelerated schedule of vaccination against diptheria, tetanus and pertussis may be less protective than the old schedule, have been backed by results published in this week's *Lancet*.

In 1990 the immunisation schedule in the UK was changed from three, five and nine months of age to two, three and four months. The rationale was greater compliance with immunisation when given at a younger age, and earlier protection against pertussis.

But these latest findings suggest that with an accelerated schedule, maternal antibodies can have an inhibitory effect on the responses to immunisation against tetanus and pertussis. The shorter interval between injections and the lesser maturity of the immune system in younger infants are said to be other influential factors.

Antibody serum concentrations against diptheria, pertussis and tetanus were measured in infants one month after immunisation with the two regimes. Both schedules gave protective concentrations of antibody against tetanus and diptheria and satisfactory antibody responses to three pertussis antigens. But immunisation by the old schedule gave significantly higher antibody concentrations against diptheria and tetanus.

In 22 per cent of infants, tetanus antibody concentration fell over the course of the accelerated schedule — whether they would fall to inadequate levels requires long-term follow up, say the authors.

These findings also have implications for less developed countries where pregnant women are immunised against tetanus and their children are immunised at six, ten and 14 weeks of age. The authors suggest this may result in diminished antibody response, possibly requiring a booster dose in the second year of life. Wherever the accelerated schedule is used, the authors advise long-term follow up of antibody concentrations.

Aspirin more toxic with food

Advice to take aspirin and possibly other non-steroidal anti-inflammatories with food may be wrong, according to research published in this week's *BMJ*.

The effects of standard and higher doses of ranitidine on gastric mucosal injury induced by aspirin were investigated; ranitidine gave greater mucosal protection when the drugs were given two hours before meals.

Twenty healthy volunteers were given 600mg aspirin four times a day for five days. This was given simultaneously with either placebo, ranitidine 150mg or 600mg twice a day, or ranitidine 300mg four times a day. Half the subjects always took the drugs at the same time as food, and the rest two hours before.

Higher doses of ranitidine were more effective than standard doses at preventing gastric erosions, but only when the drugs were taken two hours before meals. The authors suggest two possible reasons for this — either more acid inhibition is achieved when the drugs are given without food, or co-administration of food increases the toxicity of aspirin.

Not too late to exercise those bones

Strong, healthy bones need steady, regular exercise — and it's never too late to start, says the National Osteoporosis Society.

Even osteopososis sufferers who have lost many inches in height after back fractures can benefit enormously from gentle exercise, though they may need initial help from a physiotherapist.

This week the NOS have launched a patient information booklet "Exercise and physiotherapy in the prevention and treatment of osteoporosis," written by physiotherapists.

The booklet costs £2.50 with an SAE (£0.34) from The National Osteoporosis Society, PO Box 10, Radstock Road, Bath, BA3 3YB.

Schools score low on asthma...

Asthmatic schoolchildren may be denied immediate access to their inhaler, according to a survey of 300 schools in the Avon region reported in this week's *GP*.

The survey, published in the *Journal of the Royal College of Physicians*, found that one school "looked after" 100 inhalers but failed to label them with either the child's name or the dose.

One in ten secondary school pupils had their inhalers confiscated, while two in ten primary school children had them kept under lock and key.

But most schools recognise their ignorance and want to learn more about asthma. *GP* adds that more than 10,000 copies of The School Asthma Pack, introduced by the National Asthma Campaign last year, have been requested and a new edition has just been released.

...but top marks for asthma club

This week's *Nursing Times* reports on a school asthma club set up by Oxford school nurse Eileen Humphrey. During the weekly meetings, instruction is given on the use of inhalers and other therapies and the children monitor their own breathing with a peak flow meter. Videos and books can be borrowed for use at home, and even non-asthmatic children have attended talks and demonstrations.

About 12 per cent of the schoolchildren attend, and Ms Humphrey says there have been no major asthmatic attacks since the club started, compared with around three or four attacks a year before.

Hypertensives and NIDDM

Doctors choosing a drug to treat hypertension in non-insulin dependent diabetics must consider the effects on other factors such as cholesterol and triglyceride profiles.

Dr John Betteridge, reader in medicine at University College, told a meeting in London that all manifestations of coronary disease are raised in patients with NIDDM.

Atherosclerosis occurs at a younger age and is more extensive while in the average NIDDM population, 40 per cent have hypercholesterolaemia, 64 per cent have hypertriglyceridaemia and 65 per cent have hypertension, he said.

Diabetic patients should be monitored to ensure that hypertension therapy does not exacerbate the lipid profile. The first steps in treatment involved dietary and lifestyle changes, he said. Drugs should be introduced only if these measures were not sufficient.

Common anti-hypertensives such as thiazide diuretics were likely to raise triglyceride levels, increase insulin resistance and decrease insulin output, he said.

Non-selective beta-blockers can lower HDL cholesterol, raise triglycerides and may also mask the early symptoms of hypoglycaemia. Calcium antagonists and ACE inhibitors were metabolically neutral.

Dr Betteridge put the case for the use of the alpha-1-blocke doxazosin, recently licensed for th treatment of hypertensive patient with co-existing diabetes. In trials doxazosin showed a small, bu consistent, reduction in tota cholesterol levels, a slight increas in HDL cholesterol levels and reduction in triglycerides, he saic There were no adverse effects o impotence, claudication or rena insufficiency.

A new video by Invict Pharmaceuticals, "Coronary hea disease: A new light on risk factors' identifies a "deadly quartet" of ris factors — upper body obesit glucose intolerance, hyper triglyceridaemia and hypertensio

● Hypertensives are often obes and show the lipid abnormalitie typical of patients with insuli resistance, said Dr Ian Jone consultant physician at the Arrow Park Hospital, Wirral at a recer meeting. He stressed th importance of choosing a antihypertensive carefully in obes patients, Asians and those wit glucose intolerance.

Asian hypertensives i particular tend to have centr obesity, along with impaired gluco tolerance and lipid abnormalitie he added.

Script Specials

Efcortelan Soluble

Glaxo say that supply difficulties with Efcortelan Soluble should be resolved by the end of March. In the meantime, the medical information department can offer advice on alternative products where necessary. The shortage has been due to manufacturing changes. **Glaxo Laboratories Ltd. Tel: 081-990 9444.**

Monmouth

Monmouth Pharmaceuticals have taken over the distribution, sales and marketing of Baratol, HRF, Isordil and Meptid from Wyeth; Celevac from Boehringer Ingelheim, and Enterosan from Windsor Healthcare. In some cases prices have doubled, but Monmouth Pharmaceuticals say this is to bring them in line with current prices and that they are still competitively priced. **Monmouth Pharmaceuticals Ltd. Tel: 0483 65299.**

Coracten 10mg

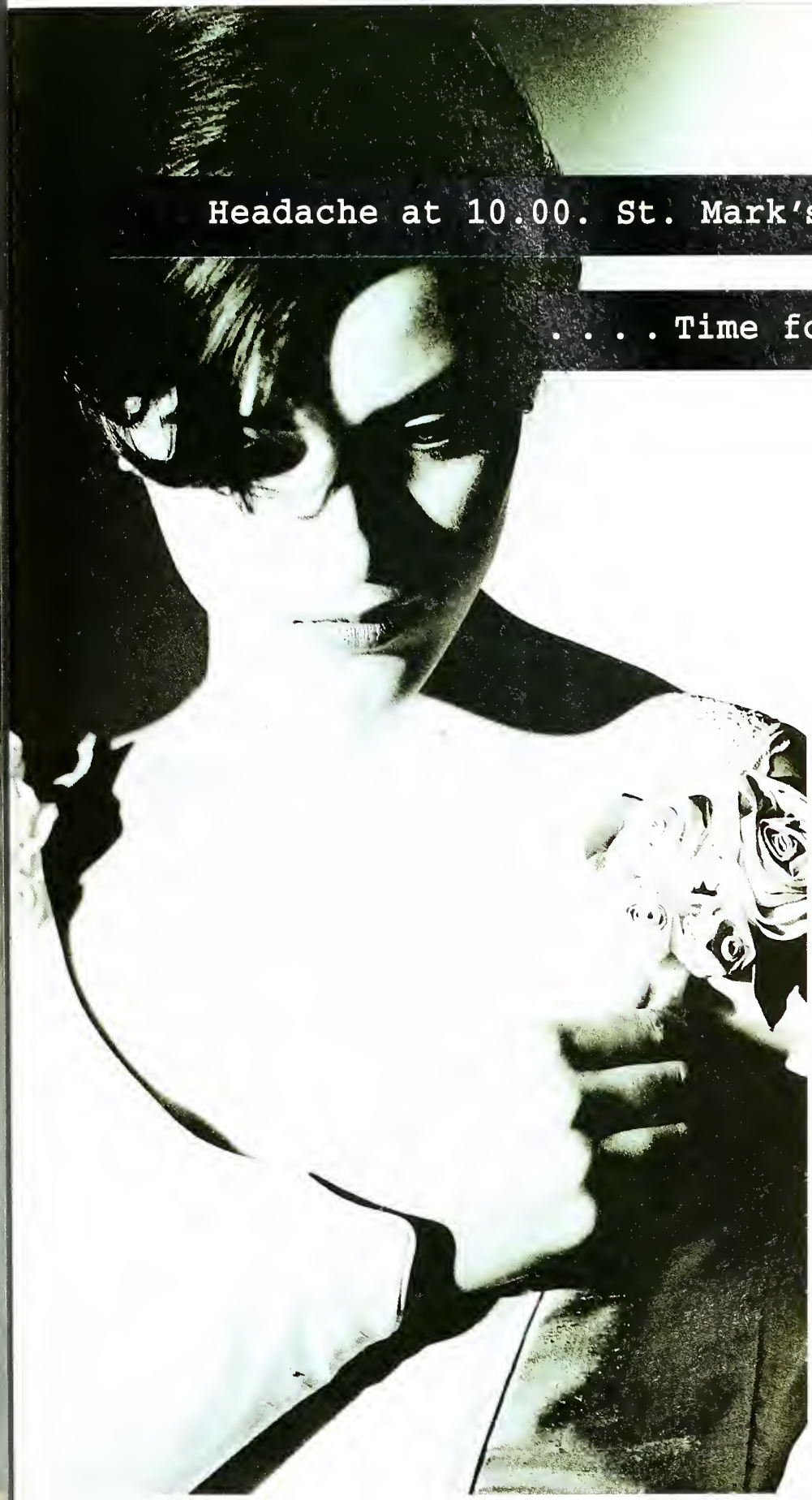
Evans Medical have introduced 10mg Coracten to complement the existing 20mg strength. **Evans Medical Ltd. Tel: 0403 41400.**

Pentasa to Brocades

Brocades Pharma have taken over the marketing and distribution of Pentasa enema and slow release tablets from Ferring Pharmaceuticals. All inquiries for Pentasa should now be addressed to **Brocades Pharma. Tel: 0932 345535/342291.**

Thixo D on Rx

Thixo D, a modified maize starch, has been cleared by the ACBS for the treatment of dysphagia. It is now available from major wholesalers, say **Cirrus Associates. Tel: 0747 858165.**



Headache at 10.00. St. Mark's at 12.00.

. . . . Time for Nurofen.

Clinical trials have shown that Nurofen is more effective than aspirin or paracetamol in relieving headaches. And, unlike some combination products that include codeine, it doesn't cause constipation or dependence.

Nurofen (ibuprofen) also performs well in relieving most other common indications: period pain, dental pain, muscular aches, flu symptoms. Also, unlike paracetamol and codeine, Nurofen has anti-inflammatory properties.

This efficacy is accompanied by an equally impressive safety record. Nurofen is safer in overdosage than either aspirin or paracetamol, and less likely than aspirin to have an adverse effect on the gastro-intestinal tract.

Since Nurofen and Nurofen Soluble are sold only in pharmacies, more and more customers are bound to come to you for them. So ask for our new Professional Guide to Pain Relief: it'll help you recommend Nurofen on the basis of hard clinical data. And when you compare Nurofen to any other analgesic, we think you'll come to the inevitable conclusion – there is no comparison.

NUROFEN
SOLUBLE
NUROFEN
A BREAKTHROUGH IN PAIN RELIEF
A BRE
48 TABLETS

CROOKES Healthcare

Nurofen. When it's time to recommend.

If you would like to receive our Professional Guide to Pain Relief, write to Crookes Healthcare Limited, P.O. Box 94, 1 Thane Road West, Nottingham NG2 3AA

Counter points

Buscopan goes OTC for stomach cramps

Buscopan, Boehringer Ingelheim's 40 year old POM antispasmodic, is now being marketed for OTC sale by their Windsor Healthcare division.

This POM to P move follows a Department of Health order last April which allows the sale of up to 24 hyoscine-n-butyl-bromide 10mg tablets over the counter.

The P licence is an extension of its POM indication for use in spasm of the gastro-intestinal or genito-urinary tracts and in spasmodic dysmenorrhoea, which translates onto the OTC pack as "for effective relief from stomach cramps and period pains".

Windsor found that these complaints are seen frequently in the pharmacy and that when they ask for a medicine, patients receive analgesics for period pain and antacids, and laxatives or antidiarrhoeals for many stomach cramps.

However, other cramps are more general, and Windsor feel that Buscopan has a role to play in relieving these. Of the 250,000 prescriptions written for Buscopan each year over half (45 per cent) are for "other" complaints.

Some may be due to a "worrying hurrying" lifestyle. Abdominal cramps are nearly all dietary in origin, caused by chemical action in the colon.

Buscopan's anti-cholinergic action alleviates the colicky pain of smooth muscle spasm. Yet, unlike many other antispasmodics, because it is excreted by the kidney within 10 minutes blood levels remain low and it does not cross the blood-brain barrier. It is non-sedative and can be taken safely by drivers, or those who operate machinery.

It also means that the patient is unlikely to suffer any ill effects if they were to overdose on the 24 tablets in the pack. Another benefit is that Buscopan does not mask the symptoms of more serious GI complaints.

Given intravenously, Buscopan works in seconds. Orally it has been said to work within 15-20 minutes, depending on whether it is taken on an empty or full stomach. Since it is absorbed in the upper part of the small intestine, it may work best if taken on an empty stomach, say Windsor.

For dysmenorrhoea, Buscopan produces very good relief in up to 80 per cent of women, with 20 per cent having to take an analgesic as well. There is no incompatibility between Buscopan and analgesics as the modes of action are different, say Windsor.

For stomach cramps, Windsor advise pharmacists to ascertain the magnitude of the cramps, their duration, and bowel action, before deciding whether to recommend Buscopan or to refer the patient to their GP.

An acute pain that starts and then stops suddenly may signal a stone, and the patient should be referred. They should also be referred if their condition does not improve within 24 hours.

Buscopan is suitable for adults and children over six years. The adult dosage is two tablets four times a day. For period pain cramps, they can be started two days before the period is expected.

Although Buscopan is not recommended during the first trimester of pregnancy, if a woman happens to be pregnant when she takes it, she can be reassured that Buscopan is not teratogenic.

For children aged six to 12, the dosage is one tablet with water three times a day.

Buscopan may very occasionally cause a dry mouth, blurred vision or palpitations, and the tablets should be stopped.

Patients with glaucoma should not take Buscopan, although problems are only likely to occur with i/v Buscopan, say Windsor. Buscopan may slow down the absorption of other drugs; patients should be advised to take the drugs at the different times.

The Buscopan OTC packs (24 £2.99) are a consumer friendly refelction of the POM format, with the same yellow, green and white colours. An "In-pharmacy guide to Buscopan and its therapeutic window", written by GP Eric Trimmer, explains why Buscopan is an effective remedy for stomach cramps. Copies are being distributed by the Windsor sales force.

Point of sale material including shelf talkers will be available. Windsor advise pharmacists to use dual siting for Buscopan, positioning it with analgesics and with antacids.

Windsor stress that in 40 years of use, there have been only ten adverse drug reactions reported across 10 million doses. "The safety of Buscopan has been amply demonstrated and we believe the new OTC pack will prove to be of great benefit to the pharmacist," say **Windsor Healthcare Ltd. Tel: 0344 484448.**

Dorothy Gray: new licensee in UK

Cosmetic Consultants Ltd have been appointed licensee to manufacture, distribute and sell the Dorothy Gray range of personal care products in the UK and 60 countries worldwide.

Plans for the brands include repackaging and rationalisation. The Spin range now includes bodycare products, while Satura and Cellogen hand cream have been repackaged. **Cosmetic Consultants Ltd. Tel: 0323 417744.**

Vantage discount on Ultra nappies

AAH Pharmaceuticals are offering members a special offer on their own label nappies.

Vantage members have until March 27 to claim up to 17.5 discount on outers from the Ultra boy/girl range. On orders of five to seven outers pharmacists can claim 12.5 per cent, on eight to ten outers, 15 per cent and 17.5 per cent on 10 or more. **AAH Pharmaceuticals. Tel: 0928 717070.**

Home depilatory system in UK market

Cranley Health Products have been appointed UK distributors of the Finally Free home electrolysis system, which is already available in the States, Japan, Australia and Europe.

Finally Free will retail at £89.95 and will be supported by a national Press campaign in magazines and newspapers. **Cranley Health Products. Tel: 071-937 3994.**

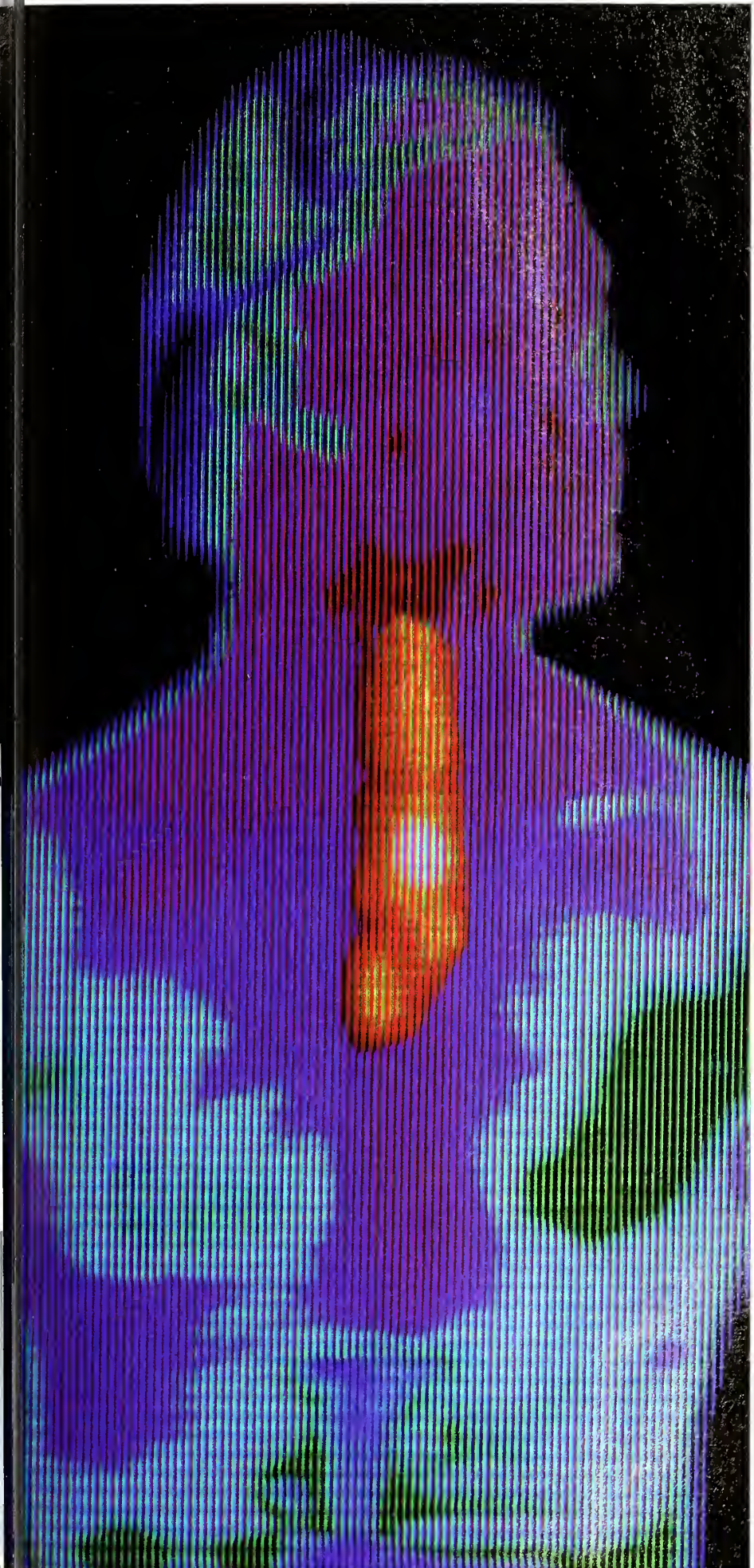
Cartier's new Pasha

Cartier have introduced Pasha fragrance for men, described as elegant and modern.

Top notes contain lemon, mandarin and mint. Middle notes include rose and jasmine. Base notes include cedar and patchouli.

Available in a silver flacon the refillable eau de toilette spray retails at £98, and a 50ml refill in £33. The 100ml spray retails at £49 and the bottle at £46. Aftershave is £35 (100ml), shaving gel £14 and stick deodorant £14. **Cartier. Tel: 071-493 6962.**

The Seven Seas cod liver oil range has been extended with One-A-Day Plus, a formula of cod liver oil with evening primrose oil. One-A-Day Plus is available in capsules (30 £3.49; 90 £6.99) or lemon-flavoured liquid (200ml £3.99). The complete cod liver oil range will be supported by a £2.5 million national television advertising campaign. Seven Seas Health Care Ltd. Tel 0482 75234.



- No. 1 recommended brand.
- New, improved tablet formulation.
- New handy, portable sizes of tablets and liquid.
- Gaviscon is specifically effective against heartburn.

Ready for action.

- Direct promotional campaign to consumers.
- Customers will be asking you for Gaviscon by name.
- Have the new packs in stock and on display.
- Ask your representative about new consumer information and display items.

GAVISCON®

For customers who demand heartburn relief.

ocy Prescribing Information
Ingredients: *Liquid:* Sodium Alginate BPC 500mg, Sodium Bicarbonate Ph.Eur. 267mg, Calcium ate Ph.Eur. 160mg per 10ml dose. *Gaviscon 250 Tablet:* Alginic Acid BPC 250mg, Sodium onate Ph.Eur. 85mg, Aluminium Hydroxide Gel BPC 50mg, Magnesium Trisilicate Ph.Eur. per tablet. **Indications:** *Gaviscon Liquid:* Heartburn, including heartburn of pregnancy, sia associated with gastric reflux, hiatus hernia and reflux oesophagitis. *Gaviscon 250:* Heartburn d indigestion. **Contra-indications:** None known. **Dosage Instructions:** *Adults and children over 12:* 10-20ml, *children 6-12:* 5-10ml liquid after meals and at bedtime. *Gaviscon 250 Tablets: Adults and children over 12:* 2 tablets to be chewed thoroughly as required. *Children under 12:* not recommended. **Note:** 10ml liquid contains 6.2mmol sodium. One Gaviscon 250 tablet contains 1.02mmol sodium. Both liquid and tablet forms of Gaviscon are sugar-free. **Product Licence Nos:** 44/0058 Liquid Gaviscon. 44/0103 Gaviscon 250. Further information is available on request from: Reckitt & Colman Products, Dansom Lane, Hull HU8 7DS. ®Gaviscon is a registered trade mark.

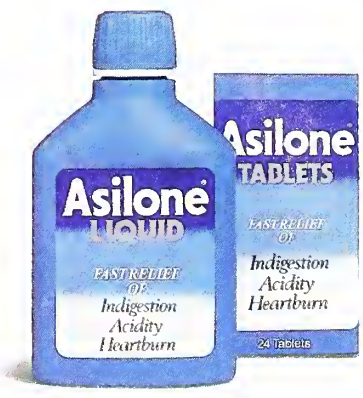
How Asilone succeeds where others don't.

Unlike products that simply block reflux by rafting action, Asilone attacks the cause of indigestion and heartburn: excess acid.

It neutralises gastric acid and combats wind, whilst gently soothing the stomach lining.

The balanced formula of Asilone Liquid offers both fast action and a lasting effect. In addition, Asilone is extremely low in sodium, which makes it suitable for people on low-sodium diets.

This is why so many doctors prescribe Asilone. And why you can confidently recommend it.



Your recommendation for indigestion

CROOKES Healthcare

To obtain a free product sample and a comprehensive Professional Guide, write to:
Asilone Information Pack, P.O. Box 12, Nottingham NG7 2GB.

Impulse brings in a Free Spirit

Elida Gibbs are adding a new variant to the Impulse body spray range — Free Spirit. The launch is pan-European and Free Spirit will be sold in Germany and Italy under the same name.

Free Spirit, which replaces Destiny, is a fruity floriental, echoing current fragrance trends. A new television advertisement will personify it as sensual, mystical and non-conformist, while retaining the Impulse fun heritage. Free Spirit will retail at £1.79-£1.89 for 75ml.

Television advertising will run in April, May and August. It will be supplemented by a cinema campaign running from April to August, and Press advertising in women's magazines. A cross promotion, offering 40p off Impulse shower gel is also planned. The total spend for Impulse in the UK will be £3.4 million.

Following the success of the Vive trial pack, a trial size will be introduced at launch (£0.59). Cut out coupons redeemable against a trial size pack will feature in the Press advertising.

Impulse commands a 55.9 per cent share of the £32.4m body spray market (AGB), say **Elida Gibbs. Tel: 071-486 1200.**

Discounts on Scholl products

Scholl are offering £2 off their products with packs of their Air Pillo Insoles.

Exclusive to independent pharmacies and running until May 31 next year, the free £2 Scholl savings booklet includes 75p off Back Ease, 25p off Comfort Fresh, 50p off Sneaker Treaters and 50p off Odour Attackers regular. **Scholl Consumer Products Ltd. Tel: 0582 482929.**

Almay considers everything

Almay have a new advertising campaign to support their cosmetics and skincare range starting this Spring.

The campaign runs in women's magazines from now until December and features a selection of cosmetic and skincare products, with the strap line "Almay. Hypo-allergenic. We've considered everything, now it's your turn". Sample sachets will be included in two publications.

Details of the new Almay advice line telephone service for consumers will feature in the Press adverts. **Sara Lee Household & Personal Care. Tel: 0753 523971.**

Wella offer

Wella are offering consumers a free Sensiq mascara when they buy any two Wella Balsam products.

Consumers need to collect two promotional collars, and send them in with their name and address. The offer closes December 31. **Wella Great Britain. Tel: 0256 20202.**

Innerlash mascara

Revlon have introduced Innerlash mascara, which contains a conditioning formulation to protect lashes. It comes in black, brown and navy (£9.50). **Revlon International. Tel: 071-629 7400.**

Colgate support toothbrush range with a £1m campaign

Colgate are supporting their toothbrush range with a £1 million advertising campaign and cross promotions with toothpaste and mouthrinse.

The offer of a free toothbrush with 125ml tubes of Colgate great regular flavour, Blue Minty gel and Tartar Control toothpastes will be repeated. A display unit for the toothbrushes is available until the end of March. The offer will run through Numark and Barclays Enterprise. **Colgate-Palmolive. Tel: 0483 302222.**

Aerosol joins Amplex

This month sees the addition of Amplex aerosol anti-perspirant deodorant (200ml, £1.75). It is available in three variants, Mist for women, Blue Ice for men and Aqua for the family.

The aerosol is described as a non-powdery formulation which delivers long-lasting freshness, does not sting, and helps prevent staining.

A powdery deposit is avoided because the formulation does not contain a "powder active" suspended in solvents. The oily ingredients traditionally used in APDs have also been avoided, and fragrances have been screened to avoid fabric staining.

The launch will be supported with a £2m national television and Press advertising campaign during Summer, backed by an on-going promotional programme.

The company says aerosols account for almost 75 per cent of the £170m APD market. **Sara Lee Household & Personal Care. Tel: 0753 523971.**

Cow & Gate

Introduces a new nam and a new look that's a

Cut along the dotted lines, position over current sto ...and watch your sales grow!

Cow & Gate is about to brighten your shelves with a rainbow of colour...and a potful of increased sales. Here's how.

A new name!

We've added the name 'Nutrilon' to all our Premium and Plus infant milk formulas – for uniformity and ease of recognition across Europe.

And, for further continuity, Nutrilon Soya is new name for Formula 'S'.

A bright new look!

We already know from extensive research t mothers love our bright new look. It has m impact and it's functional too. Nutrilon Premi is distinguished by its pastel green tin with

Breastmilk is the best food for babies. The purpose of infant milk formula is to replace or supplement breastmilk when a mother cannot, or chooses not to breastf

ut above the rest

all bottle, for use from birth. Nutrilon Plus is in tel blue, with a larger bottle because it's for ngrier babies. And Nutrilon Soya is in the pastel nge tin with bottle and tumbler illustrations to w that it is suitable for infants, children and lts.

Same Trusted Formulas!

You'll be pleased to know that inside the tins are still the same infant formulas that parents have grown to trust. If parents ask you, do reassure them that the formulas have not changed; neither has Cow & Gate's position as market leader.

Cow & Gate
The Babyfeeding Specialists

f infant milk formula should be considered, and medical advice taken, before deciding how to feed a baby. Cow & Gate Ltd., Trowbridge, Wiltshire BA14 0QX. Tel: (0225) 768381
Cow & Gate (Ireland) Ltd., Sandyford, Dublin 18. Tel: 01 954744

New mint Setlers Tums

Smithkline Beecham are launching a Setlers Tums Mint assortment to complement the fruit flavoured range, which claims a 15.4 per cent share of the £48 million indigestion remedies market.

The Mint assortment offers Setlers Tums in peppermint, spearmint and freshmint flavours in either a 75 tablet jar (£1.99), a 36 tablet three roll pack (£1.17) or individual rolls (£0.39).

Mint is the flavour most traditionally associated with indigestion remedies and accounts for 76 per cent of the overall market, according to SB marketing manager Jan Hall.

SB plan to spend more than £2.5m this year in national television advertising for the complete Tums range, using the existing commerical for the fruit flavours and a new execution for the Mint assortment.

Point of sale material and counter units will be available to the trade. **Smithkline Beecham Health and Personal Care. Tel: 081-560 5151.**

Free coffret with Vichy Temporalia cream

Vichy are offering consumers a free coffret with purchases of Temporalia Anti-Time day cream during March and April.

The coffret contains five trial size Vichy products: Aqua Tendre gentle facial scrub, Restructure eye contour gel, Regenium night cream, Teint de Peau Hydra-Perfect foundation and hand care cream.

The promotion will be supported by Press advertising in women's magazines. Window display kits will be available. **Cosmetique Active UK Ltd. Tel: 0235 526747.**

New Baby Fresh refill

Scott have launched a refill pack said to use 86 per cent less packaging for Baby Fresh wipes. The pack holds 84 wipes (£2.75). **Scott Ltd. Tel: 0342 327191.**

Wisdom gets a new look

Widsom have relaunched their premium range of adult toothbrushes, including Wisdom Angled, Sensitive and Plaque control. Product descriptions have been colour coded and wording kept to a minumum.

The Wisdom Angled and Plaque Control offer a choice of small, medium and large head sizes with medium texture end-rounded nylon filaments. The Sensitive has a medium head and soft textured filaments.

All the brushes feature the new Wisdom logo on-pack. The handles of the brushes are inscribed with the brand name, product type and head size. They come in five translucent colours and retail at £1.49 each. New merchandisers are available for the brushes. **Addis Ltd. Tel: 0992 584221.**

Aramis goes West

Aramis have launched New West Skinscent for Her. It is described as a "healthy, vibrant, fresh scent" with a mix of fruity, floral and woody notes.

New West Skinscent for Her comes as a spray (30ml £18, 50ml £24, 100ml £36) or bottle (100ml £32) and in a new gel form, Sensual Skinscent, (50ml £28, 100ml £42). Also available is a deodorant spray (100ml £10), Ocean Surge body lotion (200ml £18) and roll-on APD (£8). **Aramis. Tel: 071-409 6981.**

New look Do-Do

Zyma Healthcare have repackaged Do-Do to present a more modern feel without alienating current users. The company has also produced an information pack for pharmacy assistants on Zyma healthcare products. **Zyma Healthcare. Tel: 0306 742800.**

Sixth Sense offer

Smithkline Beecham are offering a free make-up sponge in a variety of shapes with packs of Sixth Sense during March and April. **Smithkline Beecham Health & Personal Care. Tel: 081-560 5151.**

Gripe offer

AAH Pharmaceuticals are offering a special discount on Woodward's alcohol-free gripe water until the end of the month. **AAH Pharmaceuticals. Tel: 0928 717070.**

Erasmic addition

New to the Erasmic shaving range is lather shave cream. It contains palm kernel oil, glycerin and menthol. Presented in a 125ml flip top tube it retails at £1.49. **Keyline Brands Ltd. Tel: 081-579 8991.**

On TV Next Week

GTV Grampian
B Border
BSB British Sky
C Central
CTV Channel Islands
LWT London Weekend
C4 Channel 4
U Ulster
G Granada
A Anglia
TSW South West
TTV Thames Television
TV-am Breakfast Television
STV Scotland (central)
Y Yorkshire
HTV Wales & West
TVS South
TT Tyne Tees

Benylin cough treatments:	All areas
Colgate Great Regular flavour:	All areas
Cream Silk 2 in 1:	All areas
Endekay dental gum:	TV-am, Sky
Halls Mentholyptus:	HTV
Le Condom:	STV, G, TT, C4
Migraleve:	TV-am
Milupa Infant Foods:	All areas except LWT, C4, TV-am
Pure & Simple:	All areas
Radian B mineral bath:	Y, C
Sanatogen mulitvitamins:	All except GTV, Y, HTV, CTV LWT & C4
Seven Seas cod liver oil:	All area
Silkience:	All area
Sinutab:	All area
Slim-Fast:	All area
Solpadeine:	STV, B, G, C, HTV, C4 & TV-am
Wrigley's Extra & Orbit:	G, A, HTV, TSW, TVS & LWT

More cash prize winners with Crookes!

"Get it right at point of sale and reap the profits" — that is the winning message in Crookes Healthcare's £55,000 cash bonanza.

Pharmacists who ordered the special Mystery Shopper display units should continue to make sure they are well stocked with Strepsils, Karvol and the Dequa range, not just for increased sales, but because the Crookes Healthcare promotion will continue for the next four weeks. The names of 50 pharmacists, who ordered our special coldcare display, will be picked out by our Mystery Shopper. The more well stocked units on display — the more cash can be won.

The latest £100 cash winners have the chance to win the £5,000 grand prize. Congratulations to:

D Hunter, Duncan Baddon, Sterlingshire, FK6 6NP

Mr N Nicholls, Newlyn Pharmacy, Newlyn, Cornwall

Mr DJ Poile, Quarry Hill Pharmacy, Kent, TN9 2RN

So don't forget effective display pays — quite literally, as one of the prize winners commented, "The Mystery Shopper display is very eyecatching — sales are up".

Supersoft hairspray braves the elements

Schwarzkopf have relaunched the recently acquired Supersoft range of hairsprays, shampoos and conditioners.

The company has incorporated a 3 weather protection system in the formulations of the hairsprays and fixing spray. Already a success in Germany, the 3 weather system protects hair from rain, wind and sun. Ingredients include a combination of firm setting gels to combat windy weather, a moisture barrier to protect from rain and sun filters.

The new Supersoft 3 weather protection hairspray is available in four variants — normal hold, conditioning hold, extra firm hold and supreme hold — and two sizes (200ml £1.15, 300ml £1.59). Extra-fill sizes of 225ml and 350ml will be available at launch.

Fixing spray (250ml £1.99) is also available, providing extra hold for more complicated styles.

Supersoft shampoos and conditioners have also been relaunched with new formulations and packaging (250ml £1.09, 400ml £1.39). Colour coding is used to differentiate between variants. There are three variants of shampoo and conditioner — Glossing, for all hair types, Mild & Gentle for frequent washing, and Moisturising for coloured, permed and dry hair.

The Supersoft range will be backed by a £3.2 million television campaign in its first year, with a minimum £2m per year spend guaranteed for the next five years. **Schwarzkopf. Tel: 0296 88101.**

Almay sun campaign

Sara Lee are investing £250,000 on their relaunched Almay suncare range, beginning with a Press advertising campaign from May to August.

The campaign will be complemented by a public relations programme, to include competitions and reader offers. For pharmacists there will be point of sale leaflets and display material.

The relaunched range now includes products up to SPF30, with UVA protection increased by up to four times the previous level, says the company. The water-resistant products are now effective for 80 minutes instead of 40 and there is full ingredient labelling on-pack.

The milks and lotions now come in a 200ml size. **Sara Lee Household & Personal Care. Tel: 0753 523971.**

Smithkline Beecham have extended their Oxy 10 range with the addition of Oxy 10 Cover-Up cream. The new product (£3.76) is a skin tinted version of the current Oxy 10 cream. It will he available in a 30g tube packed in a bright orange carton. Point of sale material is available. Smithkline Beecham Health & Personal Care. Tel: 081-560 5151.

Snappy competition offer with Searle's Canderel

Searle will be supporting Canderel throughout April, May and June with an on-pack consumer competition.

The promotion offers consumers the chance to enter the Canderel family photo favourites competition, with the chance of winning one of 6,000 prizes, including Canon camcorders and cameras, and Sony video recorders and cassettes.

Entrants need to submit a creative photograph under any one or all of the following categories: holiday, family, sport. The application form must be accompanied by five tokens, available on promotional packs. Every entrant will receive a free Kodak colour film. **Searle Consumer Products. Tel: 0494 521124.**

Hint of sunshine

Hint of Sunshine Blonding spray is the latest addition to the Inecto portfolio.

It contains extract of chamomile and is said to gently lighten fair or light brown hair. It is safe to use on highlighted hair, says the company.

Hint of Sunshine comes in a 150ml pump pack (£2.99) with instructions printed on the back. It is aimed at the teenage market. **Keyline Brands Ltd. Tel: 081-579 8992.**

New shampoo

Neutrogena's shampoo and conditioner for permed and coloured hair will go on national sale this month.

The variant will be supported by a Press campaign aimed at some 9.6 million women. Trial size sachets will also be offered. **Neutrogena Ltd. Tel: 071-821 1984.**

Beauty International have relaunched their Fashion Style home perm range with new packaging and improved forumulations (full perm £2.99, revitaliser £1.99). The waving lotion has been reformulated with an intensive conditioner based on keratin to strengthen and improve the texture of the hair. It is said to halance the protein level affected by perming, helping to guard against frizzy and dry hair. The intensive conditioner is also present in the neutraliser. Beauty International. Tel: 0491 33333.

Unichem March offers

Unichem have five offers for independent pharmacists during March.

L'Oreal Studioline Moussing Curls is offered at £2.29 and Garnier's Synergie Bio Contour Eye Gel at £4.99. Colgate Actibrush is on offer at £1.69.

Cow & Gate stage 1 baby meals and stage 2 yoghurts are offered at a trade price of £3.83 for a case of 12 with 5p off retail prices, while stage 2 baby meals are £4.43 for a case of 12 with 6p off retail prices. Procter & Gamble's new Always normal, normal plus and super plus are offered at £22.54 for 12 and ultra normal, ultra normal plus and ultra super are £30.73 for 16.

For Mother's Day Unichem are offering a free card with every purchase from the Satin Collection of cosmetic accessories.

Other promotions include discounts on Unichem oral hygiene products. Antiseptic mouthwash is priced £7.82 for 12, with a retail price of £1.30; pre-brush rinse is £6.30 for 12 with a retail price of £1.30. Freshmint toothpaste has a 25 per cent discount and denture cleansing tablets a 20 per cent discount. **Unichem. Tel: 081-391 2323.**

In support of generic quality

I noticed your report in last week's issue of an article in *Pulse* regarding generics. I was also a speaker at the seminar organised by Management Forum where Dr Alastair Hepburn and Professor Sandy Florence spoke. The overall view of myself and other persons present was that the presentation of both speakers was very balanced with regard to the pros and cons of generic prescribing. The overall impression gained from reading the *Pulse* article was that both speakers were concerned about the quality of generics.

Dr Alastair Hepburn started his presentation by stating that: "Prescribing by the generic name of a drug is good professional practice. Medical students are taught to use generic names and most prescribing in hospitals is by generic names. There can also be substantial cost savings from such prescribing, where the branded product is out of patent and a generic is available".

Later, in his presentation, he stated that: "The controls for generic and branded manufacturers are similar. The number of defects reported to the Medicines Control Agency is no more frequent for generic products than for branded products".

All member companies of the British Generic Manufacturers Association have to abide by a strict Code of Practice, which includes submitting their products to independent quality control analysis. The independent quality control is carried out by the Wessex Regional Quality Control Laboratory and the Northern Regional Quality Control Laboratory at Stockport. I am delighted to say that *all* the products tested were found to comply fully with the standards in the British Pharmacopoeia and also the requirements of the product licence, including bioavailability, where this is deemed necessary by the MCA.

It is true that some doctors distrust generic drugs but, as Dr Hepburn said, this is based more on emotion than on logic.

Some 45 per cent of prescriptions in general practice are now written for generics and generic prescribing has been the norm in hospitals since the inception of the Health Service in 1948. I would like to emphasise that the number of defects reported to the Medicines Control Agency is no more frequent for generic products than for branded products.

Alan J. Smith
Director, BGMA

Carter-Wallace in Tesco

Having seen the market for traditional pharmacy products shrinking over the years, due mainly to the avarice of manufacturers and the weakness of pharmacists in exerting any pressure, I was horrified to read that Carter-Wallace are allowing their Discover Today and First Response pregnancy test kits into Tesco supermarkets. They say that they were approached by Tesco, but they could have said "No"!

In response to this I have today removed these brands from sale and am assured by Carter-Wallace that their representative will arrive to uplift the stock for full credit. I await developments. If this action was repeated throughout community pharmacy, I wonder how long it would be before we are supported by the companies we have so long supported?

D. Needleman
East Finchley, London N2

Carter-Wallace say: "Only one, not two, of Carter-Wallace's pregnancy tests is available through Tesco. This is Discover Today. The other home diagnostic test on offer in the store is the First Response ovulation prediction test. They have both been available in Tesco for a year now and are restricted to selected outlets. Many of these branches have in-store pharmacies and this is where the tests are positioned.

Carter-Wallace have no plans to expand this venture and indeed it was one that was initiated by Tesco, who approached Carter-Wallace some time ago. The move follows similar initiatives in the US and EC countries in particular. The company took the view that it would be illegal to refuse the request and restrict sales through pharmacy outlets, particularly with the looming single EC market. There are also no legal restrictions on their sale.

Carter-Wallace remain committed to pharmacies being the main outlet for home pregnancy and ovulation predictor tests, and support their business through various education and training initiatives and promotional activities for the brand."

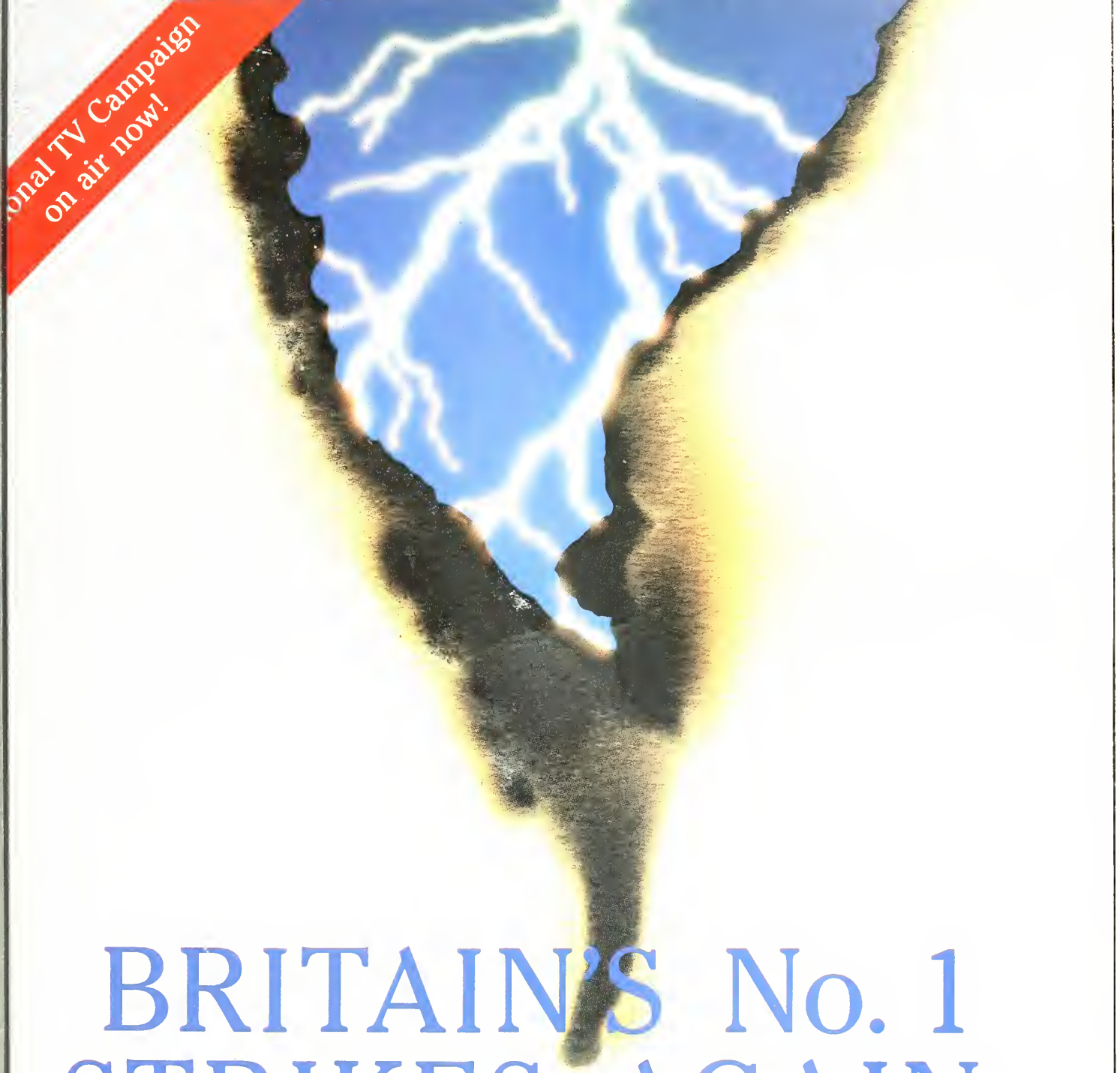
Cash shortfall for 1992?

I must congratulate Mr David Sharpe, chairman of the Pharmaceutical Services Negotiating Committee, for his excellent advice in *PSNC News* (issue no 1.92), advising contractors "to purchase as many Glaxo products as possible from one wholesaler to maximise Glaxo discounts". He must have a very poor opinion of us. I thought pharmacists were intelligent people and could have worked this out for themselves. Does he not realise that over the past few years we, or at least most of us, have been forced to use one wholesaler?

In the recent pay awards announced by the Government the doctors and dentists got a pay rise of about 8.5 per cent. There is a rumour that the PSNC has been offered about 4 per cent — way below the inflation rate. We are led to believe that negotiations are still in progress, but my gut feeling is that, in the end, the PSNC will tell us "sorry, but this is the best we could do...Take it or leave it." The same old sad story.

D.H. Patel
Luton

Pharmacist Helen Ritchie (above) and Drs Downing and Wilson have won £1,500 grants under the annual Nurofen pain study award scheme. Helen Ritchie, of Booth Hall Children's Hospital, will use her grant to investigate the effectiveness of patient controlled analgesia in paediatric burns patients. Dr Oliver Downing and Dr Keith Wilson, of Aston University, will survey 1,000 pharmacies, looking at pharmacy counselling and the types of inquiries received from the public. Applications for the 1992 award, which will be made in January 1993, can now be made and details are available from Nurofen Pain Relief Project (PP), 4 Cloisters House, 8 Battersea Park Road, London SW8 4BG.



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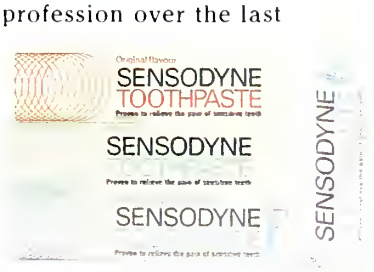
Sensodyne already dominates the sensitivity sector with a share of more than 80%. Now with the 10th Anniversary of ensodyne TV advertising, we're striking yet again - we've planned a record TV spend covering 7 months of 1992.

And TV isn't the only area we mean to dominate. Our commitment to the dental profession over the last) years has never been so great, with the largest dental sales force in the UK resulting in %% of dentists recommending Sensodyne.

Research shows 1 in 3 adults suffers from sensitive teeth. Through PR, sales promotion d features in women's magazines, we're making sure that everyone turns to Sensodyne.

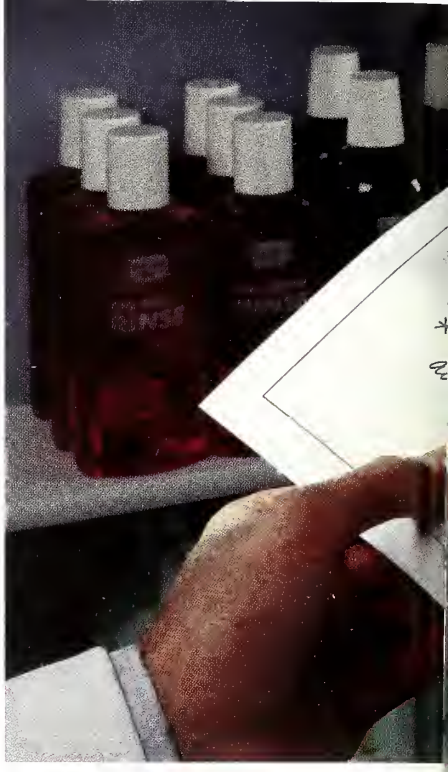
Sensodyne is the No. 1 chemist brand in the total toothpaste market.[1] So don't burn your ances, strike today and stock up on Sensodyne - Original, Mint and fresh-tasting Sensodyne F.



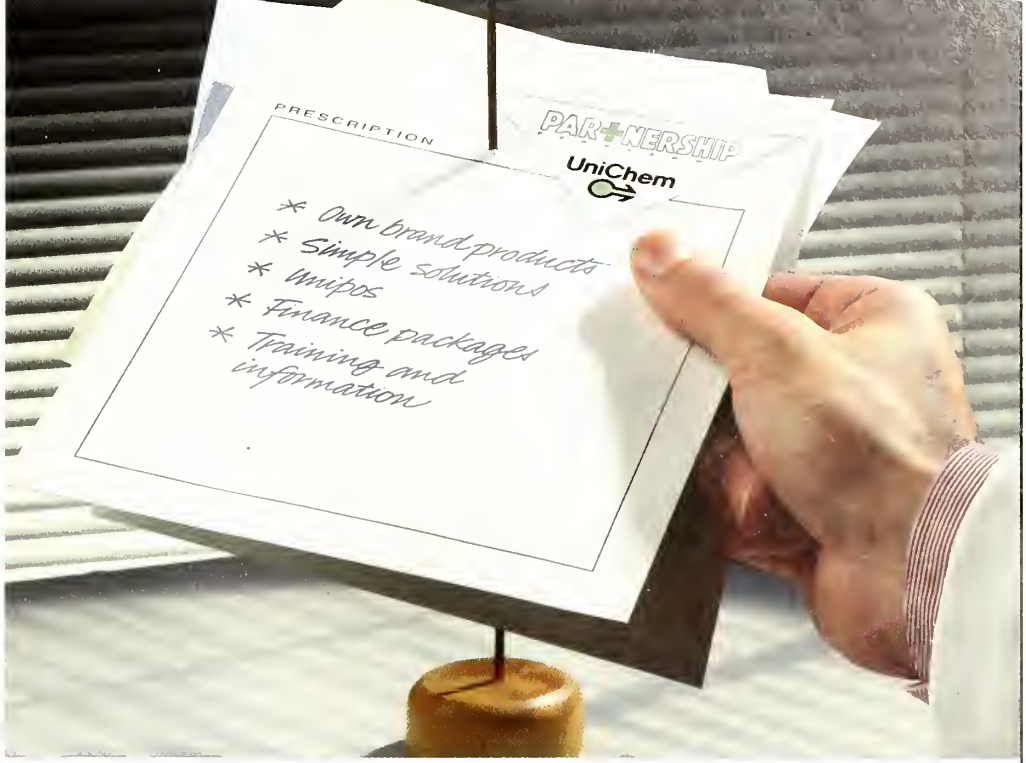
Stafford-Miller Ltd , Broadwater Road, Welwyn Garden City, Hertfordshire AL7 3SP Telephone 0707 331001

1. Independent research. Data on file Stafford-Miller Ltd 1991.

BRITAIN'S NO. 1 TOOTHPASTE
FOR SENSITIVE TEETH.



You've read the scripts.



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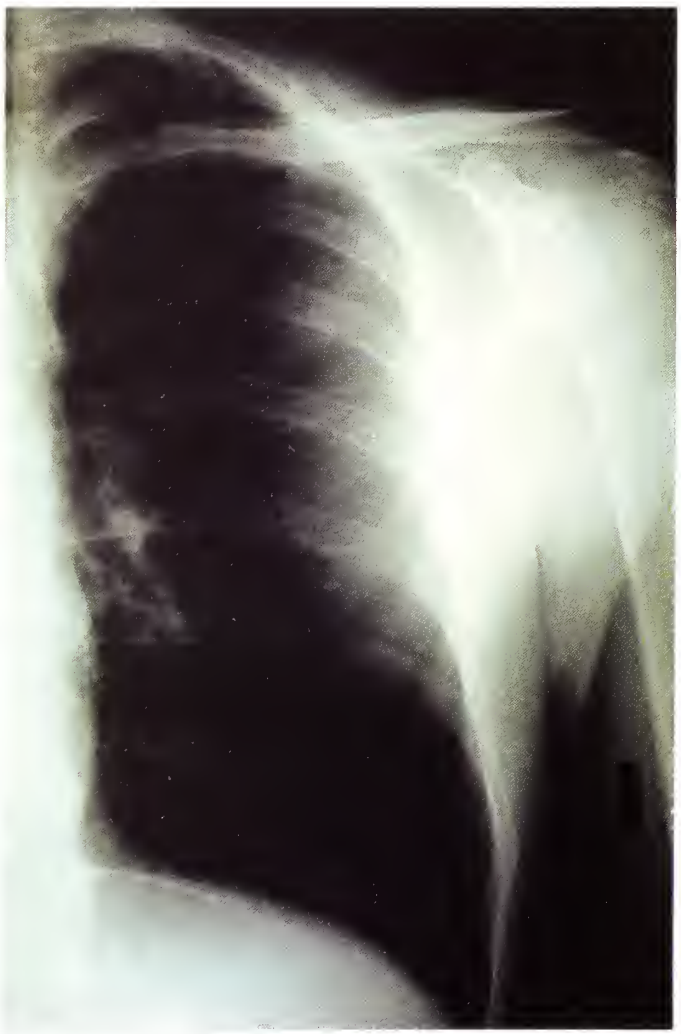
Treating asthma

Prophylaxis is now the key word in asthma management, but there is evidence that symptom control is still not as good as it might be in some patients



Asthma is a chronic inflammatory disease characterised by bronchoconstriction, mucus production and swelling of the mucosal membrane resulting in shortness of breath, wheezing and cough.

The incidence in industrialised countries, including the UK, is believed to be between 5 and 10 per cent of the population and a pharmacy serving four or five GP surgeries may have 1,000 asthmatic customers.

Asthma is the most common chronic disease of childhood and accounts for more lost school time than any other. The incidence peaks at 10-11 years of age (about 10 per cent), falls again in the 30s and 40s (3 per cent) and rises again in the elderly (6 per cent).

The pattern of asthma differs slightly in children and adults. Children mostly have allergic asthma, in which a trigger such as pollen can be identified, and they are frequently normal between bouts. Most adults have non-allergic asthma, it is often more persistent and remissions are less likely.

Views on asthma have changed markedly in recent years. At one time it was regarded as a disease of abnormal smooth muscle function and treatment concentrated on bronchodilators. It was believed that mast cell activation by inhaled allergens was the mechanism behind this abnormal response.

It now seems that asthma is a complex inflammatory disease involving many different cells and mediators whose precise role is uncertain. The root cause is not known, but for some reason the airways of asthmatics are hyper-reactive to common stimuli such as cold air, dust particles and other irritants.

Bronchial hyper-reactivity can be increased by successive attacks of asthma. Chronic inflammation may lead to structural changes such as fibrosis and smooth muscle hypertrophy, which may result in irreversible airway narrowing.

Inadequate prophylaxis can therefore lead to permanent damage and the development of more severe and persistent asthma. Asthma management now concentrates on treating the underlying inflammation to prevent hyper- reactivity, so inhaled steroids play a central role.

For young children, in whom an allergy is the most likely cause, sodium cromoglycate may be prescribed to prevent the breakdown of mast cells but in adults this seems to be less useful than inhaled steroids.

In the UK the death rate from asthma rose steadily over the past decade until the past two years when it has fallen; nevertheless it is still equivalent to one death every four hours.

Under-prescribing of steroids and patient non-compliance is thought to have contributed to avoidable morbidity. Patients often fail to understand that they must take prophylaxis regularly or they may worry about long term effects. For many the word "steroid" has negative associations and they believe that all steroids cause the adverse reactions associated with high dose systemic therapy.

Surveys have shown patients often have problems using their inhalers. There is therefore a role for pharmacists in monitoring inhaler technique as well as advising when to use their medication.

Other surveys suggest that many patients are a long way from achieving a symptom-free lifestyle. An estimated 100,000 are hospitalised each year, 39 per cent are woken at night by their asthma and more than half of adult asthmatics suffer at least one acute attack a year.

National guidelines

In 1990, the British Thoracic Society , National Asthma Campaign and Royal College of Physicians research unit and King's Fund Centre published guidelines for the management of asthma in adults. The following is a summary of their views on the treatment of chronic persistent asthma. (Guidelines on asthma in children are expected shortly).

Treatment should be considered in a stepwise manner so patients can move from one step to another as appropriate. Before treatment starts attempts should be made to identify potential causes and eliminate them as far as possible.

Possible triggers are : animals (especially cats); exposure to allergens such as pollens, house dust mites and occupational chemicals; food colourings; and drugs, eg aspirin, non-steroidal anti-inflammatory agents.

Smoking should definitely be avoided, but the guidelines suggest that avoiding day to day triggers such as exercise and cold air imposes unnecessary restrictions on lifestyle; it may be better to adjust treatment to cover exposure to these factors. Beta-blockers are contra-indicated.

Step 1. Bronchodilators. A short-acting beta$_2$-agonist such as salbutamol or terbutaline should be used *as required.* Inhalation is the preferred route because the drug is delivered direct to the airways, the dose is small and side-effects are minimised. This may be the only treatment required in patients with normal lung function who have infrequent symptoms and no sleep disturbance.

Step 2. Inhaled anti-inflammatory agents. Patients needing to use an inhaled short-acting bronchodilator more than once daily or who have night-time symptoms require regular inhaled anti-inflammatory drugs such as corticosteroids, sodium cromoglycate or nedocromil sodium. Inhaled steroids are the drugs of choice, starting at 100-400mcg beclomethasone or budesonide twice daily and adjusted as necessary. Patients not responding to cromoglycate or nedocromil should be given inhaled steroids before moving to step 4.

Step 3. High dose inhaled steroids. If control is not achieved, check compliance and

Continued on p356

Can you meet the demand for scabies treatments?

- The Medical Entomology Centre at Cambridge have reported that scabies infections in Britain have reached epidemic proportions.[1]
- Will you be able to get sufficient stock to satisfy the demand?
- Derbac-M is available right now!
- Derbac-M is on record as having fewer side effects than benzyl benzoate.[2]
- Derbac-M can be used on children from 6 months – unlike lindane.
- For further information please contact Napp Consumer Products Division, Napp Laboratories Limited, Cambridge Science Park, Milton Road, Cambridge CB4 4GW. Telephone: (0223) 424444.

1. Chemist & Druggist 1991; 7 September
2. Burgess I et al, Br. Med. J. 1986; 292: 1172

DERBAC-M IS KINDER AND MORE EFFECTIVE *AND AVAILABLE*

Guidelines for the management of asthma in children are expected shortly

Continued from p354

inhaler technique. If either is inadequate, the same dose should be repeated using a large volume spacer or dry powder system. The daily dose should be increased to a maximum of budesonide 1.6mg or beclomethasone 2mg. Cromoglycate or nedocromil may be considered to minimise the dose of steroid.

Step 4. Additional bronchodilators. If adequate control is not achieved on 1.6mg/2mg daily of inhaled steroids and standard doses of inhaled beta$_2$-agonists, the addition of inhaled ipratropium bromide (80mcg four times daily), oral bronchodilators or high doses of inhaled bronchodilators may be tried.

Oral beta$_2$-agonists and xanthines should not be used as first line drugs. Their main indication is the presence of symptoms, often at night, which are not controlled by high doses of anti-inflammatory agents and standard doses of inhaled beta$_2$-agonists. The addition of a single night-time dose of a slow release preparation may be adequate.

Xanthines should be used only at step 5 and beyond and given long term only if patients have been shown to benefit; blood or saliva monitoring is advisable.

Step 5. Maintenance oral steroids. These should be given only if adequate control is not achieved with maximum doses of inhaled steroids and bronchodilators. High doses of inhaled steroids should always be continued and patients usually referred to a hospital asthma clinic. Short courses of oral steroids may be needed to control exacerbations of asthma at any step (eg prednisolone 30-60mg daily).

Treatment should be reviewed from time to time. If asthma is well controlled, a stepwise reduction in the dose of anti-inflammatory drugs may be possible. This reduction may take place after a short interval if treatment was recently started at step 4 or 5 or included oral steroids; other patients should have been stable for six months.

Self-management

As far as possible patients should be trained to manage their own treatment rather than having to consult a doctor before making changes. They should be able to recognise signs that their asthma is worsening, especially nocturnal symptoms and changes in peak *expiratory flow. They should know the difference between relieving and anti-inflammatory treatment and should be trained how to use inhalers and peak flow meters.

Salmeterol

Salmeterol, a long-acting inhaled highly selective beta$_2$-agonist, was launched soon after the BTS guidelines were

published. The Data Sheet approved by the Committee on Safety of Medicines allows for the drug to be used as sole therapy, although the manufacturer supports the BTS view that patients who need to take a bronchodilator on a regular basis should be considered for inhaled steroids or other prophylactic agents.

A month's trial, with regular monitoring of symptoms and peak flow rates, is appropriate for patients already on moderate dose inhaled steroids up to 800mcg beclomethasone dipropionate. Trials have shown that salmeterol has benefit in mild, moderate and severe asthma and in control of nocturnal symptoms. Salmeterol should never be used for immediate symptomatic relief, as it is long-acting and not a relief medication.

Safety aspects

In May 1991, a group of doctors interested in asthma got together to discuss the use of beta$_2$-agonists following concern about their long-term safety. The group concluded that these drugs are effective and safe and should be the mainstay in the relief of asthmatic symptoms. Regular use, that is more than once every 24 hours, signals the need for anti-inflammatory therapy.

Patients prescribed a long-acting beta$_2$-agonist must always have a short-acting rescue bronchodilator as well.

The doctors also concluded that evidence in support of clinically significant anti-inflammatory effects of beta$_2$-agonists was lacking at that time, although on- going studies are investigating this.

On the question of inhaled steroid safety, both budesonide and beclomethasone are effective at normal therapeutic doses without causing significant systemic side effects. The main adverse reactions are mild throat irritation and hoarseness. Oro-pharyngeal candidiasis has also been reported. Rinsing the mouth after administration is advisable.

Studies have shown that suppression of adrenal function does not occur with either drug at low doses nor are there good prospective data to suggest that normal or even moderate doses of inhaled steroids have a clinical effect on bone. There has been a suggestion that budesonide has less effect at high doses on various supposed markers of bone turnover, but this is based on early studies and has yet to be backed by definitive evidence.

Useful addresses
National Asthma Campaign, Providence House, Providence Place, London N1 ONP (071-226 2260).
Action Asthma, Shire Hall Communications, 24 Addison Place, London W11 4RJ (071-602 7131).

Patients should be trained how to use inhalers and peak flow meters

New Remegel — the chewy not chalky indigestion remedy

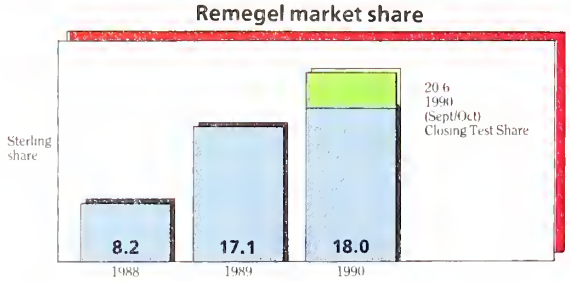
Warner Lambert Healthcare announce the national launch of Remegel after an extremely successful test market.

Remegel is a chewy, palatable indigestion remedy that provides effective relief, but is easy to take.

Independent research showed that 85 per cent of consumers expected some common indigestion tablets to be chalky and gritty to the taste. This may result in people not using them regularly even though they have problems with indigestion. Indeed, each year 80 per cent of adults suffer from indigestion, but only 40 per cent of people seek treatment. This indicates a real opportunity for a new product format.

Remegel is an effective, calcium carbonate formulation (800mg per piece) delivered in a soft chewy base with a pleasant minty flavour — a major product innovation in a market that has seen little growth in the last few years. To date new product development has been characterised only by the addition of new flavours to the hard tablet format, which has led to a proliferation of variants but has done little to expand the indigestion market into new users.

Product innovation reflected in Remegel market share



Test market success

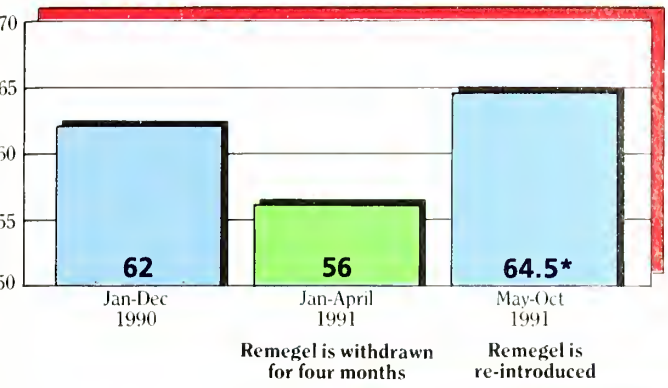
Between 1988 and 1990 Warner Lambert Healthcare test marketed Remegel in the Tyne Tees region. This was an overwhelming success with Remegel establishing an 18 per cent annual share peaking at nearly 21 per cent at the close of the test. Remegel, with its entirely new product format, grew the market in Tyne Tees by introducing new users. In trials, 81 per cent of the people who tasted Remegel said they would buy it. Furthermore, because it does not have the drawbacks of some commonplace remedies it also enjoys high repeat purchase. This can only mean greater sales opportunities and increased profits from your indigestion relief display.

Remegel can grow the market

The following graph shows a decline in total indigestion relief sales when Remegel was withdrawn from the market for four months. This clearly indicates that Remegel offers considerable incremental business. When Remegel was reintroduced in May 1991 it regained most of its previous share almost immediately, even without advertising support, and added incrementally to the whole market. This demonstrates that consumers had developed a preference and a loyalty to the brand. Remegel's unique chewy

Remegel grew a static market

Average category sales/month



The decline in sales when Remegel is withdrawn shows the incremental business that it brings.

delivery format offers benefits that consumers demand and thus ensures a high sales opportunity.

Results of tracking studies reaffirm consumers high loyalty to Remegel. These studies also show that Remegel's conversion rate is almost double that of other products after initial trial.

Top seller

In a market that is cluttered with many variants, it's hard to know which products to stock to make the best possible use of your shelf-space. In Tyne Tees, the Remegel 8-piece stick established the highest cash rate of sale for pocket-size packs, and the 24-piece pack achieved the highest cash rate of sale overall.(1) This was borne out by the experience of pharmacists in Tyne Tees, many of whom ran out of Remegel stock during the launch. The Tyne Tees Test has shown that Remegel can revitalise the indigestion market and bring higher profits.

£2.5m TV spend

The previous facts speak for themselves, but we're not letting it rest there. We're going national. In order to guarantee your success we are backing our launch with a £2.5 million TV spend as well as custom merchandising and promotional activity. Our first burst of TV advertising begins in April and will be seen by 80 per cent of people an average of six times.

Trial-packs

To encourage first-time buyers we have introduced a trial-size 5-stick, retailing at 20p, with the regular 8-stick at 59p and the "economy" 24-pack at £1.59. Effective display and merchandising of all three packs will maximise your success with Remegel.

Warner Lambert Healthcare are extremely confident that Remegel will match the success of our test market, and that together, you and we can enjoy that success. So make sure you are not caught out by demand for Remegel. Contact your Warner Lambert Healthcare sales representative or your wholesaler for details of the attractive introductory promotions.

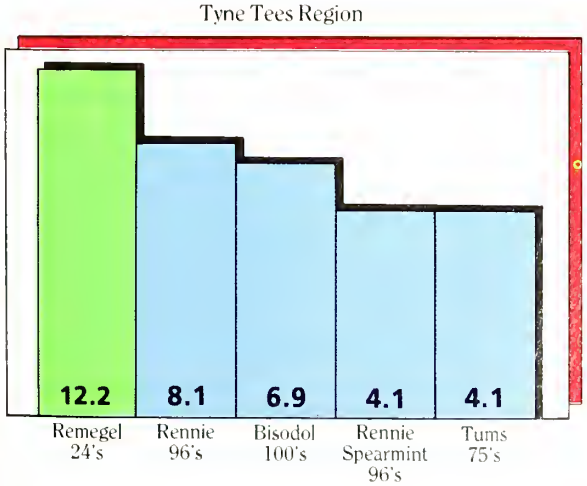
(1) Nielsen

WARNER LAMBERT HEALTH CARE

S/O 1990 At the conclusion of the Remegel Test Market

Highest cash rate of sale

Tyne Tees Region



Towards a new Code

In the second of three articles on the proposed new Code of Ethics for pharmacists, due in May, Gordon E. Appelbe, LLB, MSc, BSc(Pharm), FRPharmS, MCPP assesses how it will affect community pharmacy practice

The proposed new Code, like its predecessors, applies to all pharmacists and all owners of pharmacies. It is regarded as governing the conduct of all pharmacists both within and outside the practice of pharmacy. However many of the provisions of the Code apply particularly to pharmacists in community practice and to the owners of pharmacies. The latter includes companies, large and small, who own pharmacies.

How are the new proposals likely to affect community pharmacy practice? The new Code is a positive one and whereas in most aspects its tone is imperative, it can also be looked upon in some areas as being "permissive". While such codes are essentially for the benefit of the public and the profession, both pharmacists and pharmacy owners can benefit from complying.

It bears repeating the fundamental concept of any code of professional conduct which is encapsulated in Principle 1 and Obligation 1.1 of the new proposals thus:-

"A pharmacist must at all times act in a manner which promotes and safeguards the interest of the public, justifies public trust in that pharmacist's knowledge, ability and judgment, and enhances the good standing and reputation of the profession."

The patient's interest always comes first — anything else is secondary.

Superintendent pharmacists

Companies and their superintendent pharmacists should be fully appraised of the provisions of the Code. Note should be made of the professional responsibilities of the superintendent over and above the legal requirements which impose a duty on him/her to manage the business as far as it concerns the control over the storage and distribution of all aspects of medicines.

The superintendent is responsible for ensuring compliance with all the legal and professional requirements, the standards prevailing in pharmacy premises, questions concerning the nature and extent of the pharmaceutical services provided, and ensuring that each pharmacist employed can communicate effectively with those to whom a pharmaceutical service is provided.

The post of superintendent pharmacist is one of full time responsibility even if it is not full time in terms of hours actually worked in a pharmacy. The responsibility is an onerous one, should be adequately rewarded, and any pharmacist undertaking such a post should ensure that he or she can comply with the details as set out in Principle Six of the Code.

It is important to realise that any interference by managerial staff, either qualified or otherwise, with the proper activities of the superintendent would be regarded as a failure on behalf of the owner of the business to maintain the relevant standards of conduct.

"A pharmacist must at all times act in a manner which promotes and safeguards the interest of the public, justifies public trust in that pharmacist's knowledge, ability and judgment, and enhances the good standing and reputation of the profession"

Safety and quality

Community pharmacists must ensure that the medicines they purchase and supply are of good quality and efficacious such as to benefit the patient and that they do not present a potential hazard to the public through normal therapeutic use. The patient is entitled to receive medicine, either personally requested or prescribed by their physician, which is of a guaranteed quality.

How do pharmacists achieve this? It can be done by ensuring that the purchase is made direct from a reputable manufacturer or wholesaler. It is important, for example in the case of a drug recall, to be able to trace the medicine back to its manufacturer and possibly back to the original source of the ingredients. The original manufacturer and/or a licensed wholesaler can usually ensure that this information is available should it be requested.

This is of particular importance in relation to medicines imported from overseas even if they are received from UK wholesalers. Do the labels carry a product licence number (a standard product licence number or a PL(PI) number), are they labelled or over labelled in English, and do they comply with the rest of the UK labelling regulations, eg batch number, expiry date, etc? If not pharmacists should not accept them from a supplier.

Medicines must be stored in accordance with the manufacturer's storage requirements. They should be stored in the manufacturer's original package even if part of the contents of the package has been dispensed/supplied. There should be no loose strips of blister/bubble packs on dispensary shelves as there would be little or no information concerning them available in the case of recall.

Pharmacists must ensure that when a medicine is dispensed or sold all the relevant information required by a patient for the safe and effective use of the medicine is written in English and is on the label or a package insert. This will include the correct dosage and any cautionary wording.

Unlicensed medicines should never be supplied unless allowed by the legislation, eg a special preparation authorised on a prescription by a doctor.

Substances liable to misuse

The new proposals further emphasise the need for community pharmacists to exercise their professional judgment in preventing the supply of unnecessary and/or excessive quantities of medicines. This is particularly so in the case of medicines which are liable to misuse and expanded guidelines are given.

It is stressed that many medicines, whether Controlled Drugs or not, are liable to be misused and can lead to dependence. Drug dependence is not restricted to the general public and pharmacists should be alert to the fact that pharmacists and other health professionals can also misuse drugs.

Misuse can relate to Prescription Only Medicines but special care should be taken in relation to those over-the-counter medicines and non-medicines which can be, and are, misused. Professional judgment should be used when patients have frequent supplies over a long period and/or appear to consume doses of medicines substantially higher than normal. In these circumstances it is advisable not to supply.

Pharmacists should be aware that the Council of the Society and the Statutory Committee view with the utmost seriousness pharmacists who supply excessive quantities of medicines liable to misuse particularly when the supply is made to known misusers.

Pharmacists should not attempt on their own to control the consumption of drugs by an addict or any other misuser, but if they wish to be involved with the treatment of such persons then they should liaise with drug addiction clinics or doctors who deal regularly with this problem. If in doubt advice can be sought from the Society's inspector.

Promotion

Areas of contention arise from professional codes particularly where the details impinge on the commercial activities of practitioners. In pharmacy these usually relate to the sale and promotion of medicines, and advertising concerned with both professional and non-professional activities.

The Code states that pharmacists must not participate in promotional schemes which encourage the public

a) to equate medicines with ordinary articles of commerce or

b) to buy more medicines than they need.

Promotions should neither involve benefit to a charity dependent on purchase of a medicine or undermine the professional judgment of the pharmacist.

It is made clear in the guidelines that pharmacists must not take part in, or seek to encourage, certain methods of sale. These include promotions to the public by way of free samples, prizes, gifts, competitions, vouchers, money-off bonuses, temporary price reductions, etc.

Similarly advertising material should not be displayed which advertises quantities of medicines beyond the reasonable needs of a patient or which undermines the professional responsibility of the pharmacist.

Self-selection

The display of medicines, particularly those that are on the General Sale List, has always been a contentious issue and the profession has taken the view that medicines are not to be treated as ordinary items of commerce. Pharmacists understandably have to compete with supermarkets and other non-pharmacy outlets in relation to such medicines, many of which are brand leaders.

The proposed Code has relaxed the current provision that medicines should not be available by self-service methods although it rightly states that such promotion should never be allowed for non-GSL medicines or medicines of potential misuse. The relaxation provides that if GSL medicines are to be offered on self-selection they should be arranged so as to create a professional area, and if not sold by a pharmacist then the sale should be made by a suitably trained assistant from a central point in that area. The proposals require that all staff involved in the sale of medicines, whether GSL or not, should be properly trained for their role.

The creation of a suitable professional area within a pharmacy, particularly within a small pharmacy, could present problems. Before doing so pharmacists may wish to seek advice from the Society's inspector.

Publicity and advertising

The traditional concept that professional people should not advertise their services has changed mainly due to external forces and the consumer society of the late 20th century. The advertising rules have been considerably relaxed and there is now no reason why pharmacists should not advertise the goods and services they offer. There are however certain rules to follow and these are set out in considerable detail in Principle Seven.

Pharmacists may be involved in advertising professional or non-professional services. These two activities should be kept separate. All publicity should be legal, decent and truthful, not abuse the trust of customers or exploit their lack of knowledge, and not bring the profession into disrepute.

In addition, publicity for professional services, which are defined in the proposed Code, must be factual, dignified and restrained, not disparage the services of other pharmacists, not involve unsolicited approaches, and not offer any inducements in relation to professional services. The content of professional publicity is also restricted and is set out in detail.

It will be seen that pharmacy practice leaflets can now be produced, if not encouraged, and pharmacists may advertise in doctors' practice leaflets subject to certain restrictions set out in the Code. It can be argued that if a pharmacist provides a professional service, particularly if it is a specialised or additional service such as diagnostic testing, then there should be no objection to him advertising the fact for the benefit of the public.

Professional co-operation

In the interest of patients it is important for pharmacists to help and co-operate with fellow pharmacists at all times. Similarly co-operation between pharmacists and other health professionals is essential. While the closest co-operation should exist with doctors, pharmacists should ensure that patients retain the freedom to choose where they obtain their medicines from. Pharmacists should ensure that any arrangement with a doctor does not compromise their own professional independence.

Details concerning the collection of prescriptions and the subsequent delivery of medicines are set out in detail in the Code. No inducements should be involved in such arrangements. The Statutory Committee has considered the relationship between doctors and pharmacists and has expressed the view that commercial arrangements, such as a landlord/tenant agreement, in themselves do not necessarily constitute misconduct.

Summary

Some of the main provisions have been discussed, but not all, and pharmacists in community practice should familiarise themselves with all the provisions of the new proposals. It has been seen that the new proposals reflect the changes in social attitudes and the conditions under which pharmacists have to practice in the 1990s.

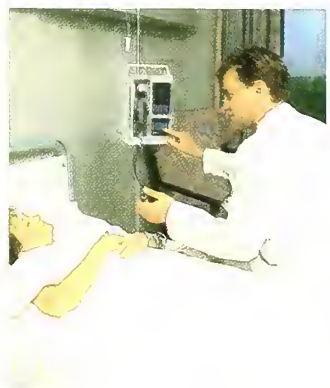
There are contentious areas and some aspects on which advice will need to be sought by pharmacists from the Society and its inspectors. It is often said "when in doubt, don't". However true that may be, "when in doubt, ask"!

Push button pain relief

Patients are now being offered pain relief at the push of a button, a service which has health professionals in hospitals working closely together in 'pain management teams'. *C&D* looks at patient controlled analgesia

The concept of patient controlled analgesia is based on the fact that patients are best placed to gauge their own analgesia requirements. This is most likely to apply in a post-operative situation, and it is in this area predominantly that PCA is used in the UK.

A patient is connected to a PCA pump for an average of about 48 hours following an operation. When they require pain relief, they activate the pump by pressing a demand



button. The dose of analgesic is then delivered via an intravenous line, providing immediate pain relief.

At the same time, a lockout period is activated, which prevents the patient from receiving a further dose for a pre-determined period of time. This gives the delivered dose time to exert its full effect and prevents the patient from overdosing.

The rationale for PCA is that small, frequent doses allow for optimal serum concentrations of the analgesic to be achieved. While a number of drugs can be used, a common and well proven regime is morphine 1mg/ml at a dose of 1mg each demand, with a lockout period of five minutes.

According to Abbott, one of the manufacturers of PCA pumps, clinical experience has shown that patients effectively titrate their analgesic dose by balancing analgesia against sedation and other side-effects. Fears of opiate dependence have been dispelled with the majority of patients tapering their dosage requirements as the recovery period progresses.

Advantages

PCA is believed to have several advantages over the standard treatments for post-operative pain which tend to be intermittent intramuscular injections of narcotic analgesics.

Analgesia is prescribed on a "when required" basis. This is far from ideal since each patient's perception of pain is variable, as is the pain stimulus for different operations. Worse still, those patients reluctant to "bother" nurses simply suffer in silence.

Additionally, there is a time delay between pain perception and relief, and problems of sedation and respiratory depression are also likely.

The Royal College of Surgeons and College of Anaesthetists working party report on pain after surgery endorses the development of new techniques of pain management, noting that "the treatment of pain after surgery in British hospitals has been inadequate and has not advanced significantly for many years".

Dr Michael Harmer, a consultant anaesthetist at the University Hospital of Wales, Cardiff, who has been involved in PCA since its earliest days, agrees. "It is almost as though patients and staff act out a sado-masochistic ritual, in which the patient anticipates poor pain relief and his attendants ensure that he is not disappointed," he says.

BUPA pharmacy adviser Ruth Stone is another advocate of PCA. She says: "PCA means that patients who are sometimes reluctant to make a fuss by bothering nursing staff for painkillers no longer need to suffer in silence.

"Another benefit is that analgesics can be administered by the 'little but often' approach, thereby ensuring that the drug dose received by patients is tailored to the pain and is much lower than that contained in an injection. As a result side-effects such as nausea and breathing problems are minimised."

PCA consequently provides peace of mind for the patient through the assurance of adequate analgesia. This improves patient confidence and post-operative recovery, says Mrs Stone.

Abbott concur. The result of PCA is a pain controlled patient who is more likely to mobilise earlier, thereby reducing the risk of post-operative complications. This could potentially reduce the recovery period and lead to earlier discharge, which could have a positive effect on reducing the cost of treatment, say Abbott.

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Equipment

PCA pumps are made by a number of companies including Abbott, Baxter, Graseby and Bard. These cost in the region of £2,00- £3,000, exclusive of the additional equipment used alongside.

Abbott's Lifecare PCA Plus infusion pump includes a disposable syringe attached to a giving set and it has a lockable door and key. It is a self prompting device with a display. Special features include a history button, and a selection of three possible modes. It can be ordered with a printer, to provide a permanent record of the patient's medication.

Baxter's PCA infusor system is disposable. A device that resembles a wristwatch is connected to an infusor, and has a reservoir which is filled with drug from the infusor at set intervals. When the demand button is pressed, 0.5ml of drug is administered to the patient. Prices for Baxter's products range from £7 to £30.

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Although there has been no research in the UK to prove this is the case, it makes a very persuasive argument for the provision of a PCA service.

Team work

Another good reason for hospitals to offer PCA is that it allows health professionals to work closely together in "pain management teams". These comprise doctors — usually surgeons and anaesthetists — plus nurses and pharmacists, each playing a vital role in ensuring the service runs smoothly.

Among the Royal Colleges' working party's suggestions was that a multidisciplinary team approach to pain management, utilising the expertise of each discipline to provide a successful "acute pain service", was the most appropriate.

"Involvement in a PCA service has been shown in the Derbyshire Royal Infirmary to foster stronger professional links between pharmacists, surgeons and anaesthetists," says clinical pharmacist Dermott Ball.

However, their first attempt at a PCA service in 1989, implemented by the anaesthetists, failed because of a lack of communication. Mr Ball says: "The anaesthetists failed to communicate between themselves, or the nursing staff, the pharmacy, or even the patients who were actually taking part in the assessments.

"No one in the hospital knew how to operate the PCA pumps that were being trialled, unlabelled syringes of medication were used in the pumps, no Controlled Drug records were kept at any stage, there were no details of the patients who received PCA, there were no prescription forms, and there were no protocols."

The anaesthetist's then met with the pharmacists to develop a joint initiative on PCA. There was already an established continuous intravenous analgesia (CIVA) service at the hospital; the pharmacy had control of hospital's i/v pumps and expertise in this field.

Dermott Ball was able to visit a number of centres in the US to observe their well established PCA services. On his return he was able to incorporate many of his observations into the service at Derbyshire, which was formally relaunched in the Autumn of 1990.

Patient data

From a brief analysis of patient data collected by the end of November 1990 from 123 patients, it was found that the patients experienced no particular problems in terms of their understanding of PCA. Their main problem was often adjusting to the concept that they were actually taking some responsibility for their own treatment.

The average duration of PCA therapy was 51 hours and the average dose of morphine received 83 mg, thought to be less than they would have got on four hourly i/m opiates.

There were no serious complications. Although in a small number of patients the respiratory rate fell below 12 per minute, none needed naloxone to reverse it. About 20 per cent of patients needed additional anti-emetics, about the same as patients on i/m opiates.

A total of 9 per cent of patients received supplementary analgesia, seven had i/m diclofenac on an elective basis and four received papaveretum injection due to failure of PCA to control their pain adequately.

Looking back

PCA is not a new technique; it has been available for over 20 years. However it is only relatively recently that serious interest has been generated in the UK. The earliest use of PCA systems was in obstetrics. It was then investigated for post-operative patients, and found to be feasible. By the late '70s and early '80s, there was a reasonable degree of interest in PCA in the UK and Europe, but less so in the US. A breakthrough came when the first world workshop on PCA was held at Leeds Castle in Kent. It proved to be a catalyst to further PCA use, particularly in the US where it is now widespread use for acute pain management, with the UK and Europe having somewhat been left behind.

Advantages of PCA over i/m analgesia

- 96 per cent of patients prefer PCA to i/m bolus
- PCA allows the patient to titrate their own dose
- Reluctance to ask for pain relief is overcome with PCA
- Reduces side-effects due to small i/v dose with PCA
- PCA gives rapid pain relief
- PCA provides the patient with limited control but increased confidence

Source: Abbott

In private

PCA has been in use in BUPA hospitals since 1990. Pharmacy advisor Ruth Stone says: "Within BUPA hospitals, we commenced with a pilot study in six hospitals about two years ago. We then followed that up with a series of seminars for consultants and our staff early last year and from there we're rolling it out across the company."

Most of the 31 BUPA hospitals nationwide now offer PCA, and all have plans to do so. The relatively high cost of PCA pumps and additional equipment means that this is a quality initiative. "PCA enables us to offer patients improved care. Our research shows that patients felt they had better pain relief using PCA," says Mrs Stone.

At the BUPA Hospital Harpenden, pharmacy manager Frances Leonard was instrumental in getting the service off the ground. She believes it has been successful because they did their ground work. "There were problems with the system when it first came in — there are bound to be with a new system. But with drawing up a pretty tight protocol, we did try to foresee the problems and overcome them before they started; I think that's why it's really gone pretty well here," she says.

In a hospital with only 63 beds, the health professionals are used to working closely together, but PCA has strengthened the links, says Mrs Leonard. And the profile of the pharmacy department, which was already quite high, has been raised even further.

At Harpenden, the anaesthetist decides who will receive PCA. It is generally reserved for those who have had major surgery including abdominal hysterectomies, hip replacements, and orthopaedic surgery.

He is also responsible for recording the patient's details and other points such as who to contact if the patient's respiratory rate falls below a specified level.

Nursing staff are responsible for observing the patients, filling in an observation sheet at regular intervals, and notifying the anaesthetist if a problem arises. PCA has not proved to be a time saving device for nurses. Although they spend less time administering analgesia, they spend more time with the patients, "which I think is better use of their time", says Mrs Leonard.

Pharmacy keeps the machines, ensures that the protocol and giving sets are in theatre, and obtains the drug for use. This is supplied by the Derbyshire Royal Infirmary as pre-filled syringes.

Pharmacists used to counsel every patient before they received PCA, but now only do so occasionally. Mrs Leonard has found it has increased her work load, but says: "I think the pharmacist is a very good person to control the system — to pull it all together and keep it running smoothly."

Her advice to other pharmacists keen to get involved in PCA is to contact pharmacists who already run the system. With a multidisciplinary approach, a good protocol and sufficient forethought there should not be any problems, she maintains.

In America

PCA is well established and widely used in hospitals throughout the US. "It is advertised directly to the public and if a hospital is not able to offer PCA services as part of its routine post-operative care it will have difficulty in attracting patients," says Dermott Ball.

"Clinical pharmacists are involved in all aspects of PCA. Most of the established PCA services developed from small pilot schemes, which usually had a champion, often the pharmacist and/or the anaesthetist, who pursued the cause of PCA in the hospital. These early pioneers became key members of the multidisciplinary teams which evolved. All social groups receive PCA as it is recognised by the insurance companies as legitimate therapy.

"PCA pumps are leased rather than purchased as this enables hospitals to possess a far greater number of pumps than would be possible if they had to be purchased outright. PCA is utilised for a similar range of surgical procedures as is seen in the United Kingdom.

"In the larger schemes pharmacists are rarely involved in the day-to-day running but act more as consultants advising on difficult cases. Pharmacists concentrate on the provision of in-service training to both medical and nursing staff, the monitoring and evaluation of patients on PCA therapy, maintenance of defined quality assurance standards, and research and service development.

"Most of the commercially available PCA pumps in the US have been developed wholly or in part by the practising clinical pharmacists."

PCA: the future

It is believed that the use of PCA in UK hospitals will expand, and as it does its applications will too. Obstetrics is a definite possibility and it is thought that terminally ill patients may also benefit from it. It seems unlikely at present that PCA will be used in the community, but it is undoubtedly a service that all pharmacists should be aware of.

Stafford LPC's first contractor conference: call for multidisciplinary approach to training

High quality primary care can only be achieved through a multidisciplinary approach to training and with closer co-operation between all health care professionals.

This was the view expressed by Hester Packham, primary care director of Staffordshire Family Health Services Authority, speaking at the LPC's first contractor conference held at the Gatehouse Theatre on March 1.

Referring to communications between individual GPs and pharmacists, she suggested that greater interaction between these groups during their professional training would lead to a greater appreciation of the problems faced by each group. In turn this would lead to greater understanding and allow the two groups to work together much more closely, resulting in an improved and more efficient service for patients.

"Pre-registration pharmacy trainees could gain from spending part of their training in a surgery, while trainee GPs would benefit from a short placement in a community pharmacy," she added.

Complaints

On the subject of complaints, Mrs Packham said that although these had risen in number, practitioners should not assume that this reflected a deterioration in the levels of services provided in the area. On the contrary, services were constantly improving. However, what had changed was the willingness of people to complain. The complaints system was a constant feedback mechanism which highlighted areas where improvements could be made, she said.

Remuneration

Speaking about the extended role, Stephen Axon, secretary of the Pharmaceutical Services Negotiating Committee, said that pharmacists ought to remember that the much criticised payments for patient medication records and services to residential homes, "represented a breakthrough in negotiations as they were the first payments not related to NHS dispensing".

He said that because pharmacists were "providing more services free of charge" it was difficult to persuade the Treasury to pay for these services. Some of the extended role activities outlined in the Nuffield Report were already provided by most pharmacies without charge, and "although free provision of these services shows pharmacy to be a caring profession, in the absence of cost-plus it does not necessarily help negotiations," he said.

Pharmaceutical Services Negotiating Committee secretary, Stephen Axon

Mr Axon emphasised the need not only to negotiate payment with the Department of Health but also the structure of the payments. He confirmed that some restructuring would be likely this year if payments for extended role activities are agreed.

Practice allowance?

Referring to the Citizen's Charter, Mr Axon said that this suggested that pay should be performance related, with people being rewarded individually rather than collectively. To apply such a system in pharmacy would require a more flexible payment structure.

The logical development would be a practice allowance, which could be better termed a professional allowance, as this was more in keeping with the principle of payment for services offered.

"It is likely that payment will ultimately be linked to services provided rather than numbers of prescriptions dispensed," said Mr Axon. Some of the services provided would need to be monitored, and periodically inspected, perhaps by FHSAs, he added.

On-cost

Speaking about the abolition of on-cost in Scotland last year, Mr Axon said that safeguards needed to be in place before a similar route could be followed South of the Border. In particular treatment period fees had to be agreed with the Department of Health to avoid loss of dispensing fees due to supply of medication for periods greatly exceeding one month.

NPA pushes for uniformity among generics

The National Pharmaceutical Association's Board of Management is to bring pressure on manufacturers to introduce some uniformity to the appearance of generic drugs.

As a first step, the British Generic Manufacturers Association and the Medicines Control Agency are to be approached with the suggestion that manufacturers should adopt a universal system of marking their products. This could take the form of coding, with letters denoting the drug and numbers referring to the strength. The name of the manufacturer should also be marked.

The Board felt this simple measure would make it easier for patients to understand that they were taking the same medication, even where the appearance of their tablets changed slightly with each prescription.

Hydrocortisone OTC for eczema The Board is to press the Committee on Safety of Medicines to consider allowing patients with eczema to buy hydrocortisone cream OTC. Recording sales on pharmacy-held patient medication systems would safeguard against overuse and patients could be referred to GPs after a given time for reassessment.

The Board welcomed the Medicines Control Agency's proposal to make Eurax hydrocortisone cream a P medicine and agreed with a proposal to remove topical imidazoles from prescription control, providing suitable safeguards where introduced.

Keep Sunday Special The NPA is to donate £2,000 to the Keep Sunday Special campaign.

Proprietary Articles Trade Association activity Eddie Brown, NPA Board member for Scotland, has been elected president for the coming year. In 1991 there were fewer complaints of price cutitng than in 1990 (214 compared with 239), although they covered a greater range of products. In an attempt to reinforce price maintenance through cash 'n carry outlets, Reckitt & Colman have introduced a system of flashing cash 'n carry packs with a statement that the product was price maintained.

Prescription reminder In view of the forthcoming rise in prescription charges, the Board decided to issue NPA members with a poster reminding customers about the availability of prescription season tickets. Until April 1, a yearly ticket will be available at current prices.

Rural dispensing legal costs The Board is to pay up to a quarter of the costs incurred by an NPA member in Gloucestershire during a rural dispensing dispute which she won on appeal.

MCA course details Every FHSA manager and Health Board general manager is to be contacted to ask for support for the Medicine Counter Assistants' course.

Marathon sponsorship The Board decided that the NPA would again sponsor pharmacists completing the London Marathon on April 12 and wearing an NPA T-shirt. Each would receive £50 for a health-related charity. Athletic pharmacists should apply to Ann Northey at Mallinson House.

Kirklees LPC to meet FHSA

An unexpectedly large turn out for a postgraduate educational seminar has prompted a meeting between Kirklees FHSA and LPC representatives to look at the possibility of a local role for community pharmacists in health education.

A total of 150 pharmacists turned up to a continuing education meeting organised by Gill Hawksworth, now the local tutor for the new Centre for Pharmacy Postgraduate Education. This prompted her to write to the FHSA to highlight pharmacists' commitment.

The FHSA responded suggesting an exploratory meeting between its medical and pharmaceutical advisors and the LPC. Developments are awaited.

Scottish needle exchange scheme finalised

The legislation which will allow a remunerated needle and syringe exchange scheme to be set up in Scotland has finally completed its passage through Parliament.

Contractors taking part in the scheme in the final month of the current financial year will receive £150 plus a setting up fee of £300. Next year the remuneration will be £650 paid monthly in areas.

Pharmacists who wish to offer such a service must apply to their health board, although PGC chairman Graeme Millar warns there is no automatic right to involvement. Each pharmacist selected will be required to undergo a basic training programme which has already been set up.

The take up of equipment by users during the first year of the scheme will be monitored. The health boards will supply prepacked needle/syringe units which include an explanatory leaflet and disposal boxes which will be collected by Rentokil for incineration.

Discount clawback reduced in Scotland by 0.65pc

The discount recovered from pharmacy contractors by the Scottish Health Department is being reduced by about 0.65 per cent at most points in the scale. The new scale will apply to all prescriptions dispensed from March.

The reduced scale has been welcomed by the chairman of the Pharmaceutical General Council, Graeme Millar, but he is stressing that the reduction has nothing whatsoever to do with recent changes in distribution and wholesalers' terms.

"The present reduction follows from the monitoring of discounts deducted against targets that were agreed with the SHHD. It is possible to reduce the costs now because it appears that, with inflation in drug costs, the amount being deducted is starting to exceed targets," he says.

New roles for nurses

Nurse practitioners may soon be prescribing for patients in a scheme launched by South East Thames Regional Health Authority.

Twenty pilot projects placing nurse practitioners in a range of different primary care settings such as GP surgeries, accident and emergency departments, High Street health shops and mobile health centres, are to be established from May. The nurses, who will differ from existing primary care nurses, will work in a similar way to GPs by diagnosing major and minor health problems, providing treatment and referring patients when necessary to other professionals and agencies.

The region is making available up to £5,000 for each project. The initiative was launched on February 7, when bids were sought for 20 potential projects. A spokesman said bids were only just being received so he could give no further information about the medicines that might be prescribed.

EC agency costs study

The European Commission has awarded a contract for a one-year study of the needs of the proposed European Agency for the Evaluation of Medicinal Products (EMA), which would supervise marketing of medicines throughout the European Community.

The main aims of the study are to provide estimates of the Agency's workload, income and costs over the first five years of operation, to recommend appropriate management structures and to consider personnel requirements, recruitment policies and career structures. The study will also deal with various aspects of the centralised and decentralised Community drug registration procedures, pharmacovigilance alerts, the assessment of residue limits for veterinary products and the co-ordination of inspections.

The contract for the study has been won by DRT Europe Services, Touche Ross Management Consultants and GH Besselaar Associates, an international contract research organisation.

Chelsea wins Safeway award

The Chelsea Department of Pharmacy, King's College London has been awarded the "Safeway Prize for Excellence" by Safeway.

The prize is awarded in recognition of a significant contribution made by a degree course to the needs of retailing and the business environment. Chelsea is one of only two schools of pharmacy to receive the award, which Safeway's pharmacy management say reflects their high regard for the pharmacy practice component of the BPharm course.

The award consists of a £100 annual prize to a student on the course and an engraved glass trophy. Chelsea have decided to award the prize for the best dissertation or project by a student taking the final year Community Pharmacy elective course.

CD licence fees up

The Misuse of Drugs (Licence Fees) (Amendment) Regulations 1992 (SI 1992, No 315; HMSO, £0.65) increase by about 3 per cent the fees for licences to produce, supply or possess Controlled Drugs. The increases come into effect on April 1.

New Authority

A new single district health authority is being formed by the merger of two current districts — East Herts and North Herts. The new authority, known as East & North Hertfordshire DHA, will come into existence on April 1.

Businessnews

Lloyd first off the blocks in new race for Macarthy

Allen Lloyd is to renew his bid for Macarthy following the go-ahead from the Department of Trade and Industry. Macarthy are expected to recommend the offer.

Both Lloyds Chemists and Unichem were cleared by the DTI last week following an investigation by the Monopolies and Mergers Commission. Unichem have yet to make their move but Allen Lloyd has come straight out with a one-for-one share deal, worth substantially more than the offer he made last August before referral to the MMC.

However, there are significant differences in the former and current offers. The rise in Lloyds' share price to 337p at the time of the offer announcement, values Macarthy at £93.6m compared with last August's offer worth around £79.2m — and that included an additional 21p per share. This time Lloyds are also offering an all-cash alternative of 305p per Macarthy share, which values the company at just under £85m.

Macarthy shareholders will also be able to retain the final Macarthy dividend of 5p.

Lloyds already have 9.9 per cent of Macarthy shares and say they "have an irrevocable undertaking" from Govett Strategic Investment Trust plc, Macarthy's largest shareholder, for a further 16.8 per cent.

However, Unichem are not yet out of the game. The company has applied to the takeover panel to be released from the 21 day rule which stipulates a three week time limit for a bid following clearance by the DTI. If Unichem choose to make a bid they will now have up to three weeks from the time Lloyds post their offer document.

Mr Lloyd has said the principal activities of the enlarged group (should the bid succeed) will be the operation of stores and the wholesaling of chemists. Apart from the Savory & Moore chain, Macarthy own John, Bell & Croyden. Mr Lloyd says the enlarged company will also be engaged in the manufacture and agency distribution of veterinary products and the wholesaling of health foods.

Taken at face value, that suggests Mr Lloyd intends to hold on to not only the retail pharmacy stores but also Farillon, Martindale, and the healthfood stores Lifecycle and Nature's Store.

In a statement Mr Lloyd said: "I am delighted the board of Macarthy has recommended our offers. I have always believed Lloyds is the natural merger partner. Lloyds alone has the required skills to exploit fully the potential of the Macarthy business."

Chairman Allen Lloyd

P&G appeal against nappy patent decision

Procter & Gamble are appealing against a High Court decision reached on February 21 that their Pampers disposable nappy infringed patents held by Peaudouce and their parent company Mölnlycke.

Damages and costs were awarded against P&G following their infringment of Peaudouce's patented Superfit Band fastening system, which was introduced into the UK in 1986. Peaudouce are understood to be seeking several million pounds in compensation.

The action is the latest in a series of patent actions in European courts brought by Peaudouce/Mölnlycke.

A P&G spokesman said this week: "The offending system concerned was changed well over a year ago. We will be appealing against the High Court decision and in these circumstances we have no further comment to make."

Philip Harris buy Folidays

Philip Harris Medical Ltd, a subsidiary of Philip Harris Holdings, have acquired the business and certain assets of Folidays, a pharmaceutical wholesaler operating from Trowbridge, Wilts.

The maximum aggregate consideration is £169,000, plus stock at valuation, all to be satisfied in cash: £139,000 was paid on February 29 and a further £30,000 will be payable in two year's time provided targets are met. The balance will be paid following stock valuation.

In the year to February 28, 1991, Folidays recorded a turnover of £3.2 million and £63,000 of profit before tax.

Waste law

From April 1, the new law on waste — The Duty of Care — means that all businesses must take reasonable precautions with their rubbish and prevent its illegal disposal by others.

Offenders will risk fines up to £2,000 in the magistrates court and unlimited fines and even imprisonment in the Crown Court.

When rubbish is stored before collection it must be secured in containers which resist not only wind and rain but also animals scavenging. The business is also responsible for ensuring that the rubbish is taken away by a person legally authorised to do so.

A free leaflet on the Regulations is available from the Department of the Environment, PO Box 135, Bradford, West Yorks BD9 4HU.

Fisons' profits fall back after difficult year

Pre-tax profits for Fisons in 1991 fell back from a high the previous year of £230.2 million to £190.5m on sales of £1,225m. Earnings per share were down 21 per cent to 20.8p.

Patrick Egan, chief executive since the departure of John Kerridge in January, said 1991 was a difficult year for Fisons. "Profits were affected by the withdrawal of Opticrom and Imferon in the USA throughout last year. This has temporarily set back the company's record of outstanding growth." He was hopeful that the compliance issue with the US Food and Drug Administration would be resolved in the next few months.

The pharmaceutical division recorded profits of £120.8m, down 20 per cent on 1990, on sales of £484m. Intal is the company's best seller taking £170m, followed by Rynacrom (£55m), Opticrom (£45m) and Tilade (£20m).

Respiratory products are benefitting from recent international guidelines on asthma, with doctors increasingly recommending early use of non-steroidal anti-inflammatory therapy, say Fisons.

Tilade has been launched in a number of countries and worldwide sales grew 45 per cent in 1991. Intal sales rose 10 per cent and it has a promising future in Japan following the introduction of the 1mg aerosol in November 1991, says the company.

Sales of consumer health products have reached £81m worldwide, but sales have been affected by the general recession. Sanatogen continues to top the vitamins market in the UK and was launched in Belgium last year.

Two promising compounds from the research pipeline are highlighted in the company's preliminary results for 1991: tipredane is an inhalation steroid for asthma and hayfever and remacemide is a novel treatment for epilepsy with potential in the treatment of stroke.

Also under development are a lipoxygenase inhibitor with potential in psoriasis, a proton pump inhibitor for treatment of stomach ulcers, an ACE inhibitor called utibapril and other compounds with potential in heart and kidney failure.

The board has recommended an increase of 16 per cent in the final dividend to 5.4p, making the net dividend for the year 8.7p.

S&N telephone

Smith & Nephew Pharmaceuticals will be changing their telephone and fax numbers from March 25. The new numbers will be tel: 0708 349333; fax: 0708 371316.

Dress with Vantage

Vantage members are being offered a 15 per cent discount on ladies' and men's counter coats, sash dresses, sweatshirts, tabards and quilted waistcoats. The offer runs until March 27.

ICI figures disappoint

"ICI's figures for 1991 cannot be viewed as satisfactory," said chairman Sir Denys Henderson, announcing a 10 per cent fall in pre-tax profits on a turnover down 3 per cent.

Arguably the figures are even worse: the 1990 figure for pre-tax profits has been restated from £977 million to £936m, reclassifying a £41m extraordinary charge as an exceptional item to charge it against profit before taxation. Without this amendment the figures would show a 13.7 per cent drop in profits, to £843m. Disposals have also flattered ICI's profit position: last year £25m was from profits on disposals.

However, there was some good news. The highlights were in the pharmaceutical division which showed a 10 per cent increase in trading profits, rising from £489m in 1990 to £538m in 1991. Three of the company's newest drugs — Zestril, Zoladex and Diprivan — all introduced in the last five years, showed average growth of over 50 per cent, rising to around £134.5m.

The company is spending some £700m on research and development, with pharmaceutical research increased by around 10 per cent. ICI spent around £220m on pharmaceutical R&D last year and are looking to up that by some £30m in 1992.

Chief operating officer, Ronnie Hampel, is now responsible for ICI's profits, cash and costs. ICI's pharmaceuticals division, which did exceptionally well in the USA last year, will not be raising prices above the rate of inflation in that market, said Mr Hampel.

Wellcome Foundation go to open market

The Wellcome Foundation have announced their intention to sell some 25 per cent of their holding in Wellcome plc on the open market. The move would reduce the Foundation's holding from 73.6 per cent to less than 50 per cent and at current market prices would raise £2.4 billion.

The board of Wellcome is supporting the proposed offer, which it says would increase the marketability of the company and broaden the shareholder base. However, the immediate effects of the announcement saw the company's share price fall 60p to £10.66 on Tuesday. Analysts see the fall as temporary.

Wellcome have several hurdles to overcome before the share offer can go ahead. As a registered charity they need authority from both the courts and the Charity Commission before they can proceed. The offer is also said to be contingent on "suitable market conditions" — which means sufficient demand at an attractive price to the vendors.

The growth of the pharmaceutical company means that it now represents 95 per cent of the Foundation's income producing assets. If the Foundation gets the go-ahead they have a long-term goal to reduce their shareholding down to just 25 per cent, signalling a possible second major share offer to the City.

Wellcome have only had a Stock Exchange listing since 1986 when the trustees of the Foundation allowed some 21 per cent of the holding in Wellcome plc to go on sale. The subsequent exercise of share options and new share issues has pushed this up to around 26.4 per cent of the company.

Since flotation, Wellcome's capitalisation has risen from £1 billion to £9.7 billion.

The trustee's ability to sell further shares in Wellcome plc is governed by the terms of the will of Sir Henry Wellcome and by the Charity Commissioners, who modified the terms of the will in 1985. The trustees may not sell further shares without the consent of the Charity Commissioners and the Trust may not reduce its holding to under 50 per cent of the voting rights in Wellcome plc.

However, the trustees say they now consider such constraints "no longer appropriate" and intend to approach the Charity Commissioners for consent to make an application to the courts to modify these conditions.

Sunday appeal goes ahead

An appeal by Kirklees Borough Council from West Yorkshire, seeking to overturn an appeal court judgment in April which made Sunday trading restrictions in England and Wales virtually unenforceable, got underway on Monday.

Five Law Lords agreed to hear legal arguments from the attorney general Sir Patrick Mayhew, in spite of opposition from Wickes Building Supplies, the retailer involved in the case. Sir Patrick intervened on the side of local authorities, attempting to restore their ability to enforce the Sunday trading laws pending a conclusive ruling from the European Court.

The appeal, expected to last four days, is the second in a year to reach the Lords relating to the incompatibility of the law in England and Wales with that of the European Community, reports the *Financial Times*.

United Drug look to London

United Drug, the Dublin-based wholesaler and distributor, have applied to the Stock Exchange for a full listing of shares in Dublin and London. The application was expected to be granted on March 4, with dealing commencing on Thursday.

The application comes three years after the company's shares were first dealt in on the unlisted securities market in Dublin and reflects the view of the board that the company's growth and track record warrants a full listing.

No new shares are being issued and no new capital is being raised in conjunction with the application.

The market value of United Drug, which has four business divisions, is put at IR£20 million. Turnover stands at IR£63m, and pre-tax profits for the last full year at IR£2.7m.

Coming Events

Mediphase demonstrate

Mediphase will be giving demonstrations of their system at four venues throughout England in coming weeks:
March 8, National Motorcycle Museum, Birmingham
March 15, Cumberland Hotel, Marble Arch, London
March 22, Crest Hotel, Filton, Bristol
March 28, Holiday Inn, Leeds.

Historical conference

The British Society for the History of Pharmacy will be holding its Spring conference from April 3-5 at the Chimney House Hotel, Cheshire. The cost will be £135 per person for the full weekend. Further information from the secretary, BSHP on 031-5564386.

CPP College day and AGM

The College of Pharmacy Practice will be holding its College day and annual general meeting on April 29, at the University of Warwick. An afternoon seminar entitled "Establishing client needs" will be followed, in the evening, by the presentation of awards and certificates to new members of the College.

Warwick will also be the venue for a College seminar on interviewing techniques for researchers (Researchers' Toolbox series) on May 13. The cost will be £15 members, £20 non-members. Details from Jill Ross on 0203 692400.

Monday, March 9

Southampton Branch, RPSGB. The Sports Council Postgraduate Medical Centre, Southampton, 7.30 for 8pm. "Drugs in sport," by Michael Verroken.

Tuesday, March 10

Dudley & Stourbridge Branch, RPSGB. Medical Services Centre, Corbett Hospital, Stourbridge, 7.30 for 8pm. "Insulins" by Dr M.A. Baxter

Oxfordshire Branch, RPSGB. Postgraduate Medical Centre, John Radcliffe Hospital, 8pm. "The principle and practice of homoeopathy in obstetric and neo-natal medicine," by Peter Webb.

Leicestershire Branch, RPSGB. Postgraduate Medical Centre, Leicester Royal Infirmary, 7.30 for 8pm. "HRT therapy" by Dr Al-Azzawi.

Stirling Branch, RPSGB. Royal Hotel, Bridge of Allan, 8pm. "AIDS update" by HIV/AIDS education officer, David Pattison.

Moray, Banff & Nairn Branch, RPSGB. Gordon Arms Hotel, Fochabers, 8pm. "Asthma — current advances in treatment" by Dr Nigel Pyne.

Wednesday, March 11

Edinburgh Branch/Scottish Department, RPSGB. 3 York Place, Edinburgh, 7.45pm. "New drug delivery systems: fact or fantasy?" by Dr Harry Worthington, head of R&D at Roche.

Isle of Wight Branch, RPSGB. Postgraduate Medical Centre, St Mary's Hospital, 7.30 for 8pm. "The work of The National Trust at Newtown Creek," by Ken Abernethy.

Thursday, March 12

Wirral Branch, RPSGB. Postgraduate Medical Centre, Clatterbridge Hospital, 8.15pm. Cholesterol education evening.

Glasgow Branch, RPSGB. McCance Building, University of Strathclyde, Glasgow, 7.30 for 8pm. "Response to symptoms," by Dr A. Blenkinsopp.

Cardiff Branch, RPSGB. Whitchurch Postgraduate Centre, Velindre Road, 7.00 for 7.30pm. "Wound management in the community." Speakers: Dr Stephen Thomas and Dr Keith Harding. Joint meeting with British Medical Association.

Weald of Kent Branch, RPSGB. Postgraduate Centre, Kent & Sussex Hospital, Tunbridge Wells, 7.45 for 8pm. "Paediatrics: differences in metabolism," by Carol Wells, pharmacist, St George's Hospital.

Advance information

"A perspective on pharmaceutical economics: 1942-1992." A symposium organised by the Office of Health Economics at the Queen Elizabeth II Conference Centre, London, on **March 13.**

Classified

APPOINTMENTS

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TRADE MARK NO	MARK	GOODS SPECIFICATION
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1101653	PAMPERED	Non-medicated toilet preparations; cosmetics; soaps, shampoos, preparations for the hair, dentrifices and anti-perspirants.
1231235	INTERLUDE	Sanitary napkins; sanitary pads; sanitary towels; sanitary knickers; sanitary panties.

The Trade Mark set out below was assigned on 7 May 1991

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ERRATUM

The advertisement regarding the transfer of the trade mark SNOWFIRE from Reckitt & Colman (Overseas) Limited to Roberts Laboratories Limited, which appeared in the issue dated 8th February 1992, should have referred to trade mark no. 399343B instead of 339343B.

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About people

A labour of love...

The Cardiff and South Glamorgan Branch of the Royal Pharmaceutical Society has recently seen the culmination of one part of its 150th anniversary project with the dedication of six embroidered cushions at Llandaff Cathedral, Cardiff.

The branch chose a project linked to the Lady Chapel in the Cathedral where the niches in the reredos bear the gilded bronze designs of 12 herbs. These herbs all carry the name "Mary" in their Welsh names, their healing powers being attributed to the Virgin. Examples are Gwniadur Mair (Mary's thimble or foxglove) and Llysian's Forwyn (the Virgin's herbs or meadow sweet).

The embroidery project was undertaken by branch members and friends, none of whom had any experience in canvas embroidery. They were assisted by the Ladies of the Linen Guild. The designs on the cushions were executed by Mary Jenkins, wife of Abercynon pharmacist Peter Jenkins, and an experienced needlewoman.

The six finished cushions, in blue and jade, each carry two of the flowers of the herbs on a silver grey background. They are dedicated to prominent local pharmacists.

Each cushion took 70-80 hours to embroider, and there are some 50,000 stitches in each. The branch has been advised to insure each cushion at £50 per hour of labour: they are therefore valuable additions to the Cathedral!

A dedication service took place at evensong on February 16 attended by over 60 pharmacists and friends.

The Dean of Llandaff has enthusiastically supported the project, which apart from embroidering the cushions, has seen the planting of herbs in the nearby Bishop's Palace gardens and the sale of an illustrated booklet in the Cathedral's gift shop.

The hard working dedicated people (not a man among them) who embroidered the cushions were Sue Tarr, June Jenkins, Norma Wilson, Audrey Lewis, Ann John, Sarah Cockbill, Jacky Crabbe, Mary Jenkins, Jean Barr, Ann Armstrong, Margaret Griffiths, Emma Tarr, Joan Mawson, Rosemary Waters, Irona Morgan and Sheila Philips.

Terry Turner, chairman of the Cardiff and South Glamorgan Branch, hands over one of the cushions to the Very Reverend A.R. Davies, dean of Llandaff Diocese. Standing in front of the Lady Chapel reredos are members of the local branch executive (back row, left to right): June Jenkins, Sarah Cockbill, V'Ian Fenton-May, Colin Ranshaw, and (front row) Marion Rawlings and Margaret Griffith

Pharmacists Raj and Harsha Vira (left), owners of Regent Pharmacy in Richmond, collected £200 in just four months for the special baby unit at Queen Mary's Hospital in Roehampton. The idea was prompted by their daughter Anupa's premature birth 11 months ago, when she spent a month in the baby unit. Mr Vira told *C&D* that customers had reached into their pockets and given generously as they could identify with the appeal. "Everyone needs their local hospital," he says. Customers have now urged him to consider another fund raising venture

Like a duck to water...

Most people wonder where she finds the time. Apart from running her own business she is an LPC member, chairman of the local branch of the RPSGB, is a postgraduate tutor and a part time teacher practitioner at Bradford University, and then there is the family....

Wearing her branch chairman's hat, Mirfield pharmacist Gill Hawksworth has just completed a 150 length sponsored swim to raise money for the Royal Pharmaceutical Society's Birdsgrove House fund.

The branch has had strong links with Birdsgrove House in the past, says Gill, who says she has raised about £300 from her efforts. The event was properly organised by the branch careers officer, who is also vice-captain of Huddersfield Swimming Club.

Mrs Hawksworth has also been awarded the Sir Hugh Linstead Community Pharmacy Practice Research Fellowship by the Council of the Royal Pharmaceutical Society. She will be researching further into the extended role and its development within community practice.

APPOINTMENTS

Former Medicopharma managers **Malcolm Guthrie** and **Ian Crimp**, have joined Numark wholesaler, Graham Tatford & Co. Mr Guthrie has been appointed Numark development manager and Mr Crimp sales development manager. The company is currently expanding its traditional South coast catchment area to include the Thames Valley and Western Home Counties.

Nielsen have appointed **Tim Kidd** as head of their health and beauty services. Mr Kidd was formerly head of grocery services at Nielsen. Mr Kidd will be supported by **Sandra Ridley** who has been promoted to group director for health and beauty services.

Elizabeth Arden Ltd have appointed **Susan Taylor** as managing director. Ms Taylor was previously general manager for Yardley of London.

Paddy Chubb has been appointed regional sales manager at the Cambridge depot of Daniels Pharmaceutical. The post carries responsibility for the company's southern division.

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Ispaghula Husk BP

A GENTLE START TO NATURAL REGULARITY

Indications: Conditions requiring a high-fibre regimen. **Dosage and Administration:** (To be taken in water) Adults and children over 12: One sachet morning and evening. Children 6-12 years: Half to one level 5ml spoonful depending on age and size, morning and evening. Children under 6 years: To be taken only on medical advice. **Contra-indications, Warning, etc:** Fybogel is contra-indicated in cases of intestinal obstruction and colonic atony. Each sachet contains 3.5g Ispaghula husk BP. **RSP Price:** 10 Sachets £1.25. **PL No.:** Fybogel 0044/0041, **Irish PA** 27/2/1, Fybogel Orange 0044/0068, **Irish PA** 27/2/2. **Reference:** Data on file, 394 Patient Study, Reckitt & Colman Products (1989) RMEX35003/012. Fybogel and the sword and circle are trademarks of Reckitt & Colman Products Ltd. Further information is available from Reckitt & Colman Products, Hull HU8 7DS.